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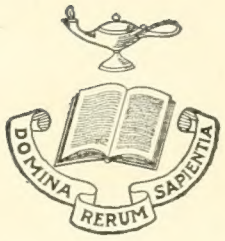

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—OF—

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C. S. BRIGGS, A.M., M.D.
EDITOR and PROPRIETOR

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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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Original Communications

SPIRAL FRACTURE OF THE FIRST METACARPAL BONE, CAUSED BY INDIRECT VIOLENCE.

BY CHARLES S. BRIGGS, M.D., NASHVILLE, TENN.

The following case is worthy of report, not from results affecting the use of the thumb nor from any deformity attending the injury, but on account of its infrequent occurrence and the peculiar manner of its production. Doubtless many instances of fractures of the bones of the hand are passed as sprains or wrenches which when submitted to the X-ray would be shown to be fractures.

Case.—Mr. M., of this city, traveling salesman, January 9, 1919, while on a street car and standing near the front end of the car, had his index and middle fingers in the loop of the overhead strap. The car had nearly stopped at the street intersection when it gave a sudden lurch forward. Involuntarily the thumb was violently flexed to support the engaged fingers and at the time time he felt an acute pain and heard distinctly a pop which was audible to his wife and others near him. When he alighted from the car the pain was intense and efforts to move the thumb, especially abduction and adduction, caused the sharpest pain. Thinking he had sprained or dislocated his thumb he made forcible extension at the time and when he reached home painted the parts with tincture of iodine. The next day he applied for treatment. Examination showed considerable swelling over the metacarpal bone and thumb

and exquisite tenderness over the line of the metacarpal bone. No deformity was apparent nor could the most careful manipulation detect the slightest irregularity. Lotions were directed to reduce the inflammation and the next day an X-ray plate was made. A spiral fracture, with absolutely no displacement, was clearly shown, the line of fracture extending in a spiral direction from the carpus to the first metacarpo-phalangeal joint. The patient was directed to use sedative lotions and to use the thumb as little as possible for at least ten days. There being no displacement whatever union will doubtless be prompt.

In all likelihood the fracture was caused by torsion and muscular contraction produced by the sudden and unexpected lurch of the car. The value of the X-ray examination in such injuries of the hand is apparent, as without it in this case the nature of the injury could not have been discovered and the trouble would have been diagnosticated as a sprain.

OVULATION, CONCEPTION, PREGNANCY—THEIR RELATIONS.

BY P. A. SPAIN, M.D., PARIS, TEXAS.

Dr. J. S. Freeborn, of Magnetawan, Ontario, is promulgating the theory that the sex of the child is fixed at the time the ovum is matured, that is, male-producing ova are matured just before the menstrual period and female after. It is curious to know that the way he decides this question is by figuring 280 days back from labor and if the 280-day period begins a few days after the last menstruation, then he predicts a female child, and if the 280-day period begins a few days before the first missed period, then he predicts a male child. In other words, he figures that if conception occurs in the first half of the intermenstrual period the result is a female child, and if conception occurs in the last half of the intermenstrual period the result is a male child.

I am not writing this article to question this theory, but the 280-day period of gestation which he uses in his calculation is what prompts me to send this article.

All authorities whom I have examined tell us that 272 days is the average time from coitus to labor in all those cases where labor is known to have occurred from a single coitus. Yet. Dr. Freeborn uses 280 days as his basis of calculation.

Physiologists teach us that conception—that is, fertilization of the ovum—occurs near the ovary and not in the uterus, and that it can only occur on an average of ten or twelve days after coitus and that an average of eight days more is then required for pregnancy or gestation to begin within the womb. Hence we are forced to the conclusion that pregnancy—that is, uterogestation—begins on an average of 252 or 254 days before labor, and conception 260 or 262 days before labor. Yet Dr. Freeborn uses 280 days as his basis for computation.

Evidently much is yet unknown on these questions, and I hope some more light can be thrown upon them by other investiagtors.

Spanish Influnza in 1853.

In *El siglo Medico* for October 19, Dr. Cravajal gives an account of an epidemic of influenza which appeared in the province of Caceres in 1853 and was described by an eye-witness in a current medical periodical. This author also witnessed a former outbreak in 1837 and draws comparisons between the two. The phenomena were practically identical save that the older epidemic was the more virulent. The disease picture was as characteristic for the two epidemics as it is in two epidemics of measles or smallpox. The author saw in both episodes the triad of types, thoracic, nervous, and abdominal. The worst sufferers were individuals already affected with respiratory diseases and invalids in general. So complete was the resemblance in all respects between the two episodes and the present one that the author or editor does not see fit to go into particulars about the death rate and fatalities. The "greater malignancy" of one epidemic suggests naturally a considerable percentage of virulent cases, but the complication of pneumonia is not mentioned, at least by the reviewer. It seems quite obvious that severe bronchopneumonias may be present in some and absent in other epidemics.—*Medical Record.*

Extracts from Home and Foreign Journals

Conservative Surgery in Operation Upon the Fallopian Tubes, With Reference to Future Pregnancies.

F. Warner (*Med. & Surg.*, 1918, ii. 731) says that pus-tubes of gonorrheal origin usually seal the fate of a woman's future pregnancies. Those due to other germ origin, as the streptococci following abortion, are perhaps less likely to interfere with a possible pregnancy. In young women without children, it is preferable not to disturb the tubes unless the menace of purulent inflammation presses the surgeon to an operation. If an operation is undertaken, one should try to make a sufficiently conservative operation to make it possible for pregnancy to occur, if the salpingitis be in a young woman. In older women with children, pus-tubes from whatever cause, should be removed. If the pus-tubes are due to gonococci, as they usually are, and the uterus is enlarged and evidently involved in the same type of inflammatory disturbances as the tubes, a total or partial hysterectomy should be performed. An ectopic pregnancy occurring in a young woman without children, should call for the removal of the one tube. An ectopic pregnancy occurring in older women with children, should call for the removal of both tubes; for both are likely divested of their ciliated epithelium, which will render probable a like pregnancy occurring in the remaining tube.—*The American Journal of Obstetrics.*

Ligation of Inferior Vena Cava.

During the removal of a growth lying in front of the lower lumbar vertebræ and behind the peritoneum, the vena cava was torn diagonally across more than half of its circumference. The edges could not be approximated so as to make a safe suture, so Noble ligated above and below with plain catgut. Trusting to the collateral circulation between the iliacs and epigastrics to take care of the return of the blood for the lower extremities, the cut in the posterior peritoneum was closed with a running catgut suture,

and the abdomen closed in the usual way without drainage. This patient, a woman, aged sixty-two years, made an uninterrupted recovery without swelling or edema of the legs, or any untoward symptoms whatever, and has remained in good health since.—*Journal of the American Medical Association.*

Intracranial Hemorrhage in the New-Born.

Vignes declares that although the prognosis may not be absolutely fatal, yet the sequels in the survivors justify the most heroic measures to clear out the extravasated blood. He describes the symptoms liable with hemorrhage above and below the tentorium. Operating without delay and reducing the loss of blood to the minimum will aid in keeping down the mortality which to date is 50 per cent. Lumbar puncture may be useful, repeated two or three times a day if it brings blood. Simmons incised the fontanel and dura, and evacuated the blood rapidly in this way in some desperate cases. If the skull is to be opened, this should be on the side opposite the arm presenting the most pronounced convulsions. The base of the skull flap should be about 5 cm. across, and every vessel that has to be severed must be ligated with fine silk. If the blood is not clotted, he advises leaving a drain for a day, puncturing if hemorrhage in the ventricle is suspected. If the brain is bulging, without hemorrhage, bilateral trephining will relieve the pressure. If the injury is below the tentorium, the child is quiet and dos not scream but is somewhat cyanotic and presents nystagmus. As the blood flows down the spinal subarachnoid space, there is stiffness of the neck, and diffuse rigidity, with erection. Lumbar puncture always shows blood and the fontanels do not bulge. With the subtentorial hemorrhage, Cushing's occipital incision is called for.—*Journal of Amer. Med. Association.*

Abuse of Milk in Young Children.

Comby would prohibit the use of more than a pint of milk daily after the completion of the first year of life while during the latter the amount should not exceed a quart daily. To subsist wholly on milk after weaning is to go without sufficient iron. The

infants thus fed are anemic, fat, sluggish, constipated—in fact, really subject to a deficiency disease. The latter promptly improve upon fruit juice, purees, eggs, etc. The former alone—grape or orange juice—is sufficient for the purpose.—*Charlotte Med. Journal.*

Effect of Lemon Juice in Pellagra.

"The juice of three or four lemons will simply work wonders in a pellagrin." "I began administering lemon juice to all cases of pellagra, and they proceeded to get well in about two weeks." The whole juice of the lemon is necessary; citric acid alone will not do it. Orange juice is not as beneficial as lemon juice. "We should expect satisfactory results in patients not yet bedridden. In these cases I would not expect lemon juice or anything else to be of much benefit."—*Southwestern Medicine.*

The Immediate Repair of the Cervix During Childbirth.

The author urges that the cervix be examined immediately after childbirth and repaired at once, if any lacerations are present. He thinks it very poor and incomplete surgery to repair the perineum and neglect the cervix.

As most women are delivered in well-regulated hospitals, or at home with a competent nurse in attendance, the dangers of infection are greatly minimized. There is more danger of infection from packing the vagina to control bleeding from a lacerated cervix than in suturing the torn surfaces. In the presence of infection, or some other contra-indication for immediate repair, it is advisable to swab the areas with a 2 per cent iodine solution and then wait a few days before attempting the repair.

The technique of the operation is as follows:

Before the expulsion of the placenta, with the patient in the exaggerated lithotomy position, and under anaesthesia, the cervix is grasped by one or more ring-shaped and rubber-covered tenacula. After the delivery of the placenta, the uterus is massaged until it is firmly contracted and the uterine hemorrhage has ceased. If necessary, the patient may be given 1 c.c. of pituitrin or ergotol by hypodermic. After carefully cleansing the vagina, a weighted

perineal retractor is placed in the vagina to depress the posterior vaginal wall. The cervix is then pulled down as far as possible and inspected. The tenacula are then readjusted and the cervix pulled in the direction opposite to the laceration. A flexible retractor is so placed by an assistant as to expose the tear. Enough sutures of interrupted chromic catgut No. 2 are inserted to insure complete hemostasis and good coaptation. In tying the knot of the suture, allowance must be made for shrinkage of the cervix. Care must also be taken to insure good drainage and to leave cervical canal patulous. The line of suture is then swabbed with a 2 per cent iodine solution. No vaginal drains or packings are used unless specially indicated.

The results have been uniformly successful.—*Medical Review of Reviews.*

The Value of Flavine—A Clinical Appreciation.

Mearns Savery, in *The British Medical Journal*, is of opinion that many cases of failure are due to the improper use of flavine as an antiseptic. He draws attention to the following essential facts: (1) In the first place it is imperative that all affected parts should be reached as far as possible, and in order to carry this out thoroughly he always endeavors to introduce flavine solution by means of a hypodermic or dental syringe; (2) the flavine-soaked gauge should always be applied as wet as possible and any cavities filled up with the solution immediately before, and the part covered with a piece of mackintosh and wool; (3) A third important feature is the duration of the use of flavine—if applied continuously, a yellowish "pedicle" will appear on the surface of the wound in the course of a few days. This pedicle appears to be composed of leucocytes and fibrin. He notes that in several cases in which he has employed double saline solution (that is, 1.7 per cent NaCl) instead of the usual normal saline, this pedicle has failed to appear, and points out that the solution should not be used over prolonged periods as it seems to predispose to irritation of the skin and the appearance of a rash. Savery concludes that the best results from flavine are obtained from its early application and that the appearance of the pedicle is an indication that a change

to esol, brilliant green, magnesium sulphate, or other antiseptic should be made about the fourth day, after which flavine should be given once in every three days. In his experience this method has given great satisfaction. He emphasizes the point that it should be more generally recognized that it is the early effect of flavine, which follows within several days after its application, which is the most important feature, and that proper advantage should be taken of this fact.—*Charlotte Medical Journal.*

Cancer of the Larynx Discussed.

At its fortieth annual meeting held in May at Philadelphia, the American Laryngological Association considered the newest methods of treating cancer of the larynx. The *Philadelphia Public Ledger* gave the following account of the session:

"Failure of the general practitioner to bring incipient cases of the disease to the attention of the throat specialists is one reason for the few cures in past years, speakers asserted. The majority of cases brought to experts are in the last stages, too late for complete cures and permitting of only a prolongation of life by operations. Specialists appealed for a campaign of education to eliminate this 'terrible indictment' of the poor co-operation between the general practitioner and the specialist.

"Such signs as a continued hoarseness for six weeks should be a warning to the practitioner that something beyond cure by lotions or general methods has developed, and that the diagnosis of a specialist is a duty he owes his patient to make sure that some malignant malady is not in its early stages."

Senile Rheumatism.

In private practice one sees many cases of so-called rheumatism, and a careful study of these cases in the aged will reveal the association of many of these cases with nephritis. It is so frequent that every physician should make a microscopical examination of the urine in each case of senile rheumatism, as the presence of many casts in the sediment will perhaps lead one to make a diagnosis of nephritis as the underlying cause of the condition.

Chronic uremia causes joint and muscular symptoms which we call rheumatism, and if proper treatment is given in many cases will be greatly benefited. Uremia may manifest itself in the form of rheumatism and yet present no other symptoms. A chemical examination of the urine will be of little use, because albuminuria is often absent and the urea estimation is very uncertain in senile patients.

Frequently we find rheumatism in persons in their thirties, and an analysis of the case will show nephritis as the cause. Perhaps the nephritis was of long standing and a complication or sequela of scarlet fever or diphtheria. Treatment instituted for the proper condition will cause a relief of the symptoms.

We should bear in mind this association of nephritis with rheumatism in the aged, and make a careful microscopical examination of the urine in all cases. It is surprising how often we find an underlying nephritis which has manifested itself only by symptoms of rheumatism. Treatment given for the true cause of the disease frequently relieves the suffering of this extremely common and painful disease.—*Medical Review of Reviews.*

Incompatibility of Quinine and Aspirin.

Dr. Saenz de Santa Maria y Marron, writing in *El Sgilo Medico* for October 12, relates that during a year's experience in the use of aspirin he has learned that the combination with quinine is an undesirable one. In giving remedies in combination we expect synergism in action, a result superior to that obtained by uncombined use. Failure to obtain a heightened effect is itself sufficient to do away with the combination. But in such combinations we may get failure of a higher type—either refusal of one remedy to act or else actual untoward result of some kind. The writer states that his expectation was often defrauded, and cites examples. There was one patient who was getting 25 cgms. of each drug three times daily, and who showed on the following day a severe tachycardia, restlessness, and adynamia. The case was one of influenza, in which, in the author's experience, the heart frequency is by no means unduly great, by reason of some action by the grip toxin on the vagus. The possibility of an idiosyncracy was dashed

by noting analogous behavior in a series of other cases. The problem was taken to the pharmaceutical laboratory, and the evidence appears to show that under the catalytic action of aspirin in the stomach or blood the quinine was changed to a toxic derivative which was termed quinotoxin. This latter, an isomer of quinine, appears to be known to chemists, and it has the reputation of being able to cause death. The brevity and vagueness of the article prevent a complete visualization of the author's notions on the subject, but he is opposed to polypharmacy on the principle that while one remedy may potentize another in some cases, there is also a danger that one remedy can denature another into a toxic substance. The lessons are plain, for every alleged synergistic combination must have this possibility excluded before use on man, and new substances must not be carelessly mixed with old ones.—*Medical Record.*

Neuritis Puerperalis Traumatica.

Rodhe reports three cases of this affection, which he also terms traumatic maternal birth paralysis. The first was one of forceps delivery, thirty-six hours in labor, child's weight almost 5,000 gms. Immediately after delivery there were severe pains in both lower extremities, which soon subsided in the left, but were persistent and chronic on the right side. Even during gestation there was a sensorimotor paresis in the right lower limb, so that the puerperal affection was merely an epiphenomenon. The case yielded to time or treatment and the patient bore another child without neuritic happening. In the second patient, labor had been arrested for twelve hours and pain in the extremities developed when labor pains were resumed. Labor lasted twenty-four hours more, and was then ended by perforation. One week after delivery both lower extremities were almost completely paralyzed, but after that period there was resolution which lasted much longer on one side—two months on the right. At this juncture the woman was examined and the right leg was found atrophied, with both motor and sensory disturbances in the peroneal distribution. Six months after delivery she was pronounced well. In the third patient the symptoms were in evidence some while before delivery, the right leg

going to sleep at intervals. After labor this symptom was increased. The labor was normal but slightly prolonged and the child was large. The symptoms set in directly after labor, and for the first three weeks after delivery she was hardly able to move the limb. After some improvement was apparent under treatment the patient failed to appear and the fate of her paralysis remains unknown.—*Mdical Record.*

Limits for Braxton Hicks Version With Placenta Praevia.

Villanueva's conclusions from his extensive experience are that vertex presentation this procedure should be restricted to emergency cases with much loss of strength from hemorrhages during the latter part of pregnancy, compelling rapid termination of the pregnancy. Outside of these conditions, and when the condition is not very grave, he thinks that other measures will generally answer the purpose. Tamponing the vagina after rupture of the membranes has often modified conditions favorably in his experience. Although the gauze does not come in contact with the bleeding point, yet the stimulus from its presence is felt throughout the uterus and the contractions assume a new character, the head descends and blocks the bleeding vessels, and the projecting part of the placenta is pushed along out of the way. This can be hastened by injection of pituitary extract, which reenforce the stimulus from the tampon. —*The Journal of Amer. Med. Association.*

Habits and Health.

Organized society may purchase the extinction of the malarial mosquito. It may buy the eradication of the yellow fever mosquito, the rat of bubonic plague, the tick of spotted fever, the fly of sleeping sickness, or the louse of typhus fever or of trench fever. Organized society may buy clean, pure water, and it may purchase a successful food inspection. But it cannot buy habits of personal hygiene that produce human health; that defend the individual from disease and postpone his death. It cannot purchase health habits that give the individual resistance to disease, making it harder for him to become sick and easier to recover. It cannot purchase

the personal consciousness of individual obligation in the health affairs of the community that is essential to an effective defense of the community health.—*The Journal of Amer. Med. Association.*

The Effect of Blood Transfusion on the Development of Tuberculosis.

Mayer and Hurley, of the Trudeau Sanatorium, Trudeau, New York, report interesting preliminary studies on the effect of the transfusion of blood to sheep that had been inoculated with bovine tubercle bacilli. They made three sheep tuberculous by intravenous inoculation. They then transfused one of these sheep with the blood of a normal sheep; a second, with the blood of a sheep that had been immunized by several inoculations of human tubercle bacilli and by tuberculin (B. E.); and the third was allowed to serve as control without transfusion. The tuberculous sheep that received normal blood apparently received no benefit from the transfusion, but at autopsy exhibited the same amount and degree of tuberculosis as the non-transfused control. The sheep, however, that had transfused with blood from the immune sheep had at autopsy markedly less tuberculosis than the normal control or the animal transfused with normal blood. The authors believe that the findings are suggestive to show that normal blood in repeated transfusion is of slight value while blood containing anti-bodies is possibly of considerable value.

Mayer, Edgar, and Hurley, Daniel J. The transfusion of tuberculosis sheep with the blood of normal and immunized sheep, including a study of sheep tuberculosis controlled by the complement fixation test, *American Review of Tuberculosis*, 1918, Vol. 2, No. 10.

Conservative Treatment of Varicocele.

Torres reports highly favorable results in fourteen cases in which he applied Valle's conservative method of curing varicocele. He separates the spermatic veins into two bunches and passes a silk ligature around part of the veins in each bunch. The long ends of the silk are then drawn up through an incision in the aponeurosis, 4 cm. long, made 2 cm. inside of the internal pillar. The

veins thus drawn up through the aponeurosis are held there while the incision in the aponeurosis is sutured beneath them, except at the corners. These veins thus run over a bridge, materially shortening their extent below, and sustaining the testicle at the proper height, while the circulation is modified to prevent further tendency to varicocele, without a cutting operation. Several illustrations show the details of the technic.—*Jour of A. M. A.*

Sunflower Seeds as Food.

Sunflower (*Surajmukhi*) seeds are largely used in Russia as war food. The trains that carry Russian troops are thickly strewn with this, while in the Muscovite republic they are eaten like peanuts, roasted or raw. Sunflower seeds, ground to flour, make a palatable and exceedingly nutritious bread.

Their production on a vastly greater scale in this country would, under present circumstances, be well worth while. In Russia nearly a quarter million acres are annually planted with sunflowers, which are of two principal varieties—one yielding small seeds, suitable for oil-making, and the other big seeds, for human food.

There are few other plants so useful as the sunflower. The seeds, crushed, sifted and pressed in horsehair bags, furnish a pale yellowish oil that compares fairly well with olive oil for the table. It is also used for making candles and soap.

An acre of land will produce fifty bushels of seeds, and each bushel will yield one gallon of oil. The residue is an excellent fodder for cattle. Nothing fattens chickens so rapidly as sunflower seeds, because of their richness in oil. The plant, stalks, dried in stacks, yield a ton of first-class fuel to the acre and their fibre, fine and silky, is woven into beautiful fabrics.—*Practical Medicine.*

Rectal Injection of Arsphenamin.

A. Azemar publishes in the *Annales de Dermatologie*, 1918, 7 14, a report on the rectal administration of the novarsenobenzol brand of neoarsphenamin in the treatment of syphilis. He reports the details of thirty-six cases and gives a summary of the literature on the subject. The drug was rapidly absorbed from

the rectum, appearing in ponderable quantity in the urine in two hours, but there was none after the sixth day. The therapeutic effect is less rapid, less profound, less constant and less durable than when the drug is administered by the vein. The intrarectal technic might be utilized during periods of latency and as preventive treatment, but he does not advise it as a general method or with active manifestations. His dose was usually 0.9 gm. for otherwise healthy adults, repeated at six-day intervals. In seven-tenths of the cases, five injections completed the cure. With doses less than this the results were disappointing. For children and debilitated adults, the doses were 0.6 or 0.7 gm. He added ten or fifteen drops of tincture of opium to the fluid. There were never any indications of intolerance at the time or later. Mercurial treatment might be combined with this technic, but he did not attempt it.—*Jour. of A. M. A.*

Active Immunization Against Pneumonia.

Dr. R. Kohn, of Boston, read this paper. This study he said was not new. Lister had given large doses of heated killed pneumococci of virulent types at six to seven day intervals. In active immunization against all types agglutinins and opsonins could be demonstrated eight months afterward. Reports constantly showed the desirability of protection against pneumonia. It was believed, however, that immunity against pneumonia was of short duration. It was found that a horse immunized three years ago, with no injections for one and one-half years, gave serum that protected against 0.1 c.c. This serum had originally protected against 0.2 c.c. Tests were made to discover the protective power of blood serum against infection in white mice, injected intraperitoneally. It was found that normal human serum would protect against the M.L.D. Some serum protected against a particular strain. It was found that most persons could be immunized against types one and two, possibly three, and that after nine months the immunity had not diminished. It could last one year, possibly more. There was no evidence that it was absolutely protective. Adverse conditions might result in a lowering of the danger point.—*Medical Record.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Soldiers and Sailors Insurance.

The great war is over; peace has come. We rejoice that this is so and we are proud of the part played by our government in bringing about this blessed result of our interference. Every one will admit that our brave soldier formed the pivot upon which success turned, the entering wedge that split up the resistance of our enemies. We are proud of the unprecedentd manner in which our armies were mobilized, in which they were trained and transported 3,000 miles, and above all in the unequalled way in which our men fought and won. We are proud, too, of the way in which our government provided for its soldiers and sailors life insurance at low rates by means of which the families of those who fought and died would be assured of maintenance. The appended circular shows that approximately four million officers and men of the army and navy now insured with the United States Government for a grand total of thirty-seven billion dollars. Every one thus insured should keep up their insurance after demobilization. It is the safest, the surest and the best form of insurance that can be obtained. Every soldier and every sailor owes it to himself and to his people to continue his insurance, for it is an opportunity that a grateful government offers to its gallant soldiers who have fought to bring about world-wide freedom. This card explains fully the terms and means by which the policies can be continued in force. Let every soldier and every sailor cling to this insurance

by paying the small premiums charged for this governmental beneficence.

"To the Newspapers, Press Associations, and Magazines of the United States:

"Approximately four million soldiers and sailors are now insured with the United States Government for a grand total of almost thirty-seven billion dollars.

"It is manifestly of the highest importance not only to the fighting men and their dependents, but to the entire nation, that the largest possible percentage of this insurance shall remain in force, even after its holders have returned to civil life. Inasmuch as demobilization has already begun, it is essential to institute at once a nation-wide campaign of education to the end that no soldier or sailor, through ignorance or misunderstanding, deprive himself and his family of the privileges and protection conferred by the possession of United States Government insurance.

"In this concerted educational effort the press can render a service of far-reaching importance. I am entirely confident that, as always, you will gladly support a campaign which means so much to the gallant men who made possible the world-triumph for freedom.

"Inclosed you will find a more detailed statement, explaining the continuation and conversion features of Uncle Sam's insurance. The Treasury Department will deeply appreciate your patriotic co-operation."

"W. G. McAdoo, *Secretary*."

For Notice.

The Annual Report of the Surgeon General, U. S. Army, for 1918, (including statistics for the calendar year 1917 and activities for the fiscal year ending June 30, 1918), has just been issued from the government printing office. It contains a comparative study of the health of the Army, 1820-1917; an account of the health of the mobilization camps and of the Army by countries; a consideration (seventy pages in extent) of the principal epidemics in the camps; and a discussion of fractures and operations. Nearly 200 pages are devoted to the special activities of the medical de-

partment—with the American Expeditionary Forces, and in the divisions of sanitation, hospitals, supplies, laboratories and infectious diseases, internal medicine, general surgery, orthopedics, head surgery, neurology and psychiatry, psychology, food and the Dental and Veterinary corps. In addition to the usual tables of illness, discharge for disability and death, there are given tables of battle wounds and operations; of complications of various diseases and of case mortality. The text is illustrated by seventy-three charts. Altogether the report is a study of health and morbidity in an army of over 1,500,000 men, for the most part yet in the period of training. It should be of interest to epidemiologists, vital statisticians and army medical men.

Death Following Roentgen Treatment of Exophthalmic Goiter.

Secher reiterates that the enlarged thyroid gland responds to roentgen treatment in very different ways in different cases. In several cases cited an ordinary goiter seemed to become transformed into the exophthalmic type under roentgen treatment. Belot and Simon, among others, have declared that a correctly given course of roentgen treatment is free from danger, but Secher insists that this is not true. The thyroid may be whipped up to function to excess, or it may become functionally insufficient. A tendency to myxedema, however, is rare, but numerous cases of aggravation of hyperthyroidism have been reported, even with the most modern improved technic. Rieder and Verning have reported each one or two cases in which the aggravation was so intense that the patient died, and Secher now adds another case to this list of fatalities. His patient was an unmarried woman of 40, previously healthy until exophthalmic goiter developed. The thyroid was given roentgen treatment after a year, eight exposures, each one-half Saubouraud-Noire unit, distributed in four fields, three on the thyroid and one on the thymus. Her symptoms became much aggravated at once, with restlessness, choreiform movements, pulse 100 to 200, and heart beat up to 240, respiration 72, and death the fifth day. The thyroid showed very slight changes and the thymus nothing abnormal.—*Journal of A. M. A.*

Reviews and Book Notices

Blakiston's Quiz Compends? A Compound of Pharmacy, by F. E. Stewart, M.D., Ph.G., Phar. D. Ninth Edition. Revised and Enlarged by Heber W. Youngken, Ph.G., Ph.D. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut.

This is the ninth edition of this popular number of the "Quiz Compends" series and we feel sure it will prove of material aid to the pharmacal student in his studies and in his preparation for examinations. It is a companion manual for Remington's Practice of Pharmacy. The object of the compend is "to present information concerning official products and preparations in such clear, concise and condensed form as to be of especial service to the student in memorizing." We regard the little handbook of the greatest value to students and of important use for pharmacists for renewing their knowledge of the subject from time to time.

Transactions of the American Otological Society, Sixty-first Annual Meeting, Hotel Chelsea, Atlantic City, May 28 and 29, 1918. Vol. XIV., Part III. Published by the Society, New Bedford, Mass., 1918.

We acknowledge the receipt of the volume of Transactions of the fifty-first annual meeting of this association of specialists. The society is to be congratulated on the good appearance of this volume and upon the exceedingly valuable papers that were read and fully discussed at this meeting. We notice among other attractive papers, two bearing upon aviation service, which has advanced by "leaps and bounds" to an important place in military service. Other papers were scientific and practical and were in every instance produced by men high up in the specialty to which they are devoting their life work. These transactions show an enthusiasm and earnestness among its members that is commendable.

Publisher's Department

The Nervous System After Drinking.

To put the nervous system in order after a protracted debauch, physicians will find in Pasadyne (Daniel) an agent of not only dependability but also of safety, and one that may be used in the case of weak characters with every confidence that no habit will be induced. Furthermore, there are no evil effects to be looked after the administration of Passadyne (Daniel), a factor of considerable importance in choosing a drug of this type. Pasadyne's power to tranquilize the nervous system has earned for it the confidence of a large circle of exacting clinicians. A sample bottle may be had by addressing the laboratory of John B. Daniel, Ins., Atlanta, Georgia.

Reconstruction After Protracted Illnesses.

Following a protracted illness, the system is left depleted of strength, and the urgent indication is for an agent that will add richness to the blood stream and put fresh vitality into the tissues.

For this purpose cod liver oil is of the utmost service, combining as it does the qualities that make the ideal reconstructive. But the gastric function has been impaired, too, and plain cod liver oil is not well tolerated. Hence, a palatable preparation of cod liver oil must be selected and there is none better than Cord. Ext. Ol. Morrhuae Comp. (Hagee). Containing all of the therapeutic and nutritive essentials of cod liver oil, Cord. Ext. Ol. Morrhuae Comp. (Hagee) is palatable in high degree and is tolerated by the weakest stomach, a feature that makes it of exceptional value in states of general debility, such as those following a protracted illness. Cord. Ext. Ol. Morrhuae Comp. (Hagee) is everything that plain cod liver oil is except disagreeable.

In malarial conditions a diuretic is not indicated as often as the symptoms suggest, as one always has to contend with a torpid liver that is throwing a part of its work on the kidneys, meaning double duty for the latter.

In such cases the rational treatment is to use some agent which will stimulate all the excretory organs, dividing the duty of each and causing thorough elimination.

Tongaline either alone or in combination with other agents, as indicated, will invariably expel the malarial and other poisons promptly and thoroughly.

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the profession.

We commend to the notice of our readers the advertisement on page — of this number. "Robinson's Hypophosphites" is an elegant and uniformly active preparation; the presence of quinine, strychnine, iron, etc., adding highly to the tonic value.

CHRONIC GASTRITIS—The notable tonic effect which Seng exerts on the glandular structures of the stomach make it one of the most effective remedies at the physician's command in chronic gastritis. One or two teaspoonfuls, shortly after eating, will increase the physiologic activity of the stomach

and often afford pronounced relief from distressing symptoms when other measures have failed completely.

TOBACCO HEART—Cactina Pillets, says Burleson, give good results in tobacco heart. One or two Pillets should be given every 3 or 4 hours.

GALL-STONES—While it is generally conceded that there is no medical treatment for cholelithiasis, it is a fact that a teaspoonful of Chionia three times a day, through its cholagogue effect and decongestive action on the biliary passages, will go far to prevent the conditions which are so largely responsible for attacks of gall-stone colic.

Surgical Treatment of Gonorrheal Epididymitis.

The operation recommended by Blahd consists simply in making an incision about one-half inch in length through the scrotal wall and tunica vaginalis, immediately over the most swollen area of the epididymis, and permitting the serous or purulent exudate to escape. If the fluid which escapes is serous in character, as is prevalent in the vast majority of cases, the incision is closed with one silkworm gut suture, one or two strands of catgut being left for drainage. The latter is generally removed after twenty-four hours. If pus is present the incision is packed with a small strip of plain gauze and the wound allowed to granulate. Either a local anesthetic or gas is used. It is said that immediate relief is obtained from this simple procedure, and the patient is able to resume his duties in a few days, and shortly thereafter to submit to treatment for his urethritis.—*Jour. of A. M. A.*

Bloodless Repair of Cervix Uteri.

The method employed by Heineberg is as follows: Hemostasis is secured through the use of two angulated tenaculum forceps and rubber ring such as is sometimes employed to hold together the tops of umbrella ribs. The chief feature of the forceps in addition to the angulation is a pedunculated ball which is attached to the outer aspect of each blade above the angle. The balls serve the purpose of retaining the rubber ring in a position to compress the cervix above the grasp of the forceps. The forceps also act as lateral retractors of the vagina.—*Journal of the American Medical Association.*

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Selected Articles

THE CLINICAL COURSE AND PROGNOSIS OF THE PNEUMONIAS OF THE RECENT EPIDEMIC.*

BY THOMAS F. REILLY, M.D., F.A.C.P., NEW YORK,
Professor of the Practice of Medicine, School of Medicine, Fordham University.

The pneumonias that have been characteristic of this epidemic have been almost entirely of the catarrhal or bronchopneumonic type. It is unfortunate that we do not have another name for this type of pulmonary affection, because it is so entirely different from ordinary lobar pneumonia. One finds a great difficulty in making the layman understand that this is essentially a different disease from the ordinary pneumonias with which he is acquainted. At the beginning of the epidemic even many physicians could not easily grasp the different clinical pictures, although we did have more or less of this bronchopneumonia during the past winter. The relationship of bronchopneumonia and lobar pneumonia might well be considered in the same light as rheumatism and chronic rheumatism—the two are essentially different diseases, although both affect the same tissues somewhat similarly. The confusion of names makes for much misunderstanding in both diseases.

In this epidemic the catarrhal pneumonia picture presented itself in one of three forms:

*Read at a meeting of the Medical Society of the Greater City of New York, December 16, 1918.

1. *The Malignant Type*, the history being that the patient was in perfect health, when he was suddenly stricken with chill, fever, cough, dyspnea, usually vomiting, and increasing cyanosis; death occurring in from twenty-four to forty-eight hours of the onset.

2. The patient was taken with the symptoms of a moderately severe influenza, *i. e.*, pains and aches, coryza and cough, and a temperature of 102° or 103°. On the third day there was no cessation, on the other hand the temperature rose somewhat on the fourth day and continued elevated throughout the course of the disease.

3. The patient had suffered from the ordinary influenza, and on the third day, as is common in uncomplicated cases of that disease, the temperature fell to nearly normal and remained there for one or two days, then on the fourth or fifth day a chillness was experienced, the temperature gradually rose, and signs and symptoms of pneumonia appeared. Latterly this fall and rise has appeared frequently on the fourth and fifth days.

Diagnosis.—As a rule in the fulminating cases the subjective and objective symptoms were so marked that even without physical signs (and they were seldom present) one had no difficulty in pronouncing the disease pneumonia.

In the third class of patients the previous history of influenza, with the period of quiescence following and the secondary rise in temperature usually gave a clue of the condition to be expected, so that the greatest difficulty was in the second group mentioned. Here the early onset was not any more severe than in other cases of influenza but the failure of the temperature to fall before the fifth day called the attention of the practitioner to the fact that he was dealing with pneumonia. If one may except the presence of bloody sputum, this continuance of temperature was often the only sign of much value. It may be mentioned that this bloody sputum did not have the same diagnostic value that it has in lobar pneumonia, because the source of it was often due to the accompanying tracheitis. The patient did not seem any worse on the fourth day. On the other hand, mentally, he was usually bright and making light of his illness, so that unless the practitioner had formulated some such rule in his mind that four days of continued fever in influenza without any other well-defined cause means pneumonia, he was apt to continue the diagnosis of simple influenza

through one or two weeks of fever, awaiting the appearance of definite signs of pneumonia. As in most catarrhal pneumonias the physical signs usually were very variable. This must be so because of the varied pathological picture presented in the lungs—a tympanitic percussion note, absent or diminished vocal fremitus, and showers of fine consonating rales, especially noticeable on deep inspiration and more pronounced on one side than on the other. Usually these signs were to be found in the area between the lower angle of the scapula, the base of the lung, and the vertebral column, being more marked on one side than on the other. In many instances there was an entire absence of breathing over these portions of the lungs. When this was present slight dullness could be elicited. In some cases there were present small localized areas of fine rales and when these persisted with fever much significance might be attached to them, so that in early cases one listened for silence or for consonating rales, or both. Later on, of course, one might find slight impairment of resonance—bronchovesicular breathing and sometimes bronchial breathing, but at that time usually anyone could make the diagnosis on the clinical history alone without listening to the chest. A peculiarity about these physical signs was that they might be present on one day and absent on the next. In this respect they resembled the picture of acute miliary tuberculosis. In a general way it may be said that one made the diagnosis early either on the presence of continued fever and a few rales or on the presence of physical signs of consolidation and symptoms. Sometimes the general symptoms were surprisingly slight and only their continuance made one search carefully for signs of a pneumonia. In other words, the diagnosis was made on fever, rales, and symptoms, at lest two of the trilogy being present. Of these symptoms the *early cyanosis* was the most striking as well as the most awful. It was unlike the cyanosis of any other acute disease, and the patient looked more like one who was suffering from illuminating gas poisoning than any other of the common disease pictures. The sudden onset, with this cyanosis and fever, often without anything else but a few rales, commonly sufficed for a diagnosis. The disturbed pulse respiration rate had not the same diagnostic value that it has in lobar pneumonia, where a one to three or three and one-half rate is of such great diagnostic importance. Sometimes the respirations were exceedingly slow—

sixteen to the minute—with a temperature of 103° and a pulse of ninety. At other times the dyspnea was frightful. Ordinarily, however, the dyspnea bore some relationship to the amount of lung involved and approximated the pulse in a ratio of one to three and one-half. The slow pulse was characteristic of the disease and it commonly continued so until a short time before death and this slow pulse often caused one to forget to compare the respiration rate with pulse. The sputa were red and frothy, but not rusty and did not resemble the sticky sputa of lobar pneumonia.

I was forcibly struck by the frequency of a roughening of the first sound of the heart, from the base down along the left sternal border. This murmur, if such it could be called, was not transmitted and did not grow more marked during the progress of the case. It will be interesting to observe the after results in these cases, because Allbutt has insisted that influenza is one of the frequent causes of aortitis. The cough was frequent and usually distressing. Most of these patients suffered from nausea and vomiting at some period of their illness. The presence of nausea, vomiting, and excruciating pain in the epigastrium and later on in the right side of the abdomen was very strikingly suggestive of *appendix disease* and not a few of them have been operated on in the various clinics. In general, pain was for the most part not experienced over the affected area of the lung, although paresthesia was sometimes experienced there. A burning pain across the infrascapular region that appeared and disappeared was not unfrequent. This burning pain and the presence of tenderness on forcible percussion was of service sometimes in attracting attention to the side involved. The sternal pain was that of the accompanying tracheitis. The epigastric pain was sometimes due to the muscular strain of coughing and vomiting but for the most part was a referred pain from the accompanying diaphragmatic pleurisy. This could be easily determined by looking for the usual points of referred pain in this disease: (1) Tenderness and often pain over the trapezius or in other portions of the neck and chest supplied by the fourth cervical nerve. (2) Tenderness and pain were present over Muzzy's button, situated at the junction of the parasternal line and one drawn from the tenth costal cartilage. Nearly all of the cases showed a trace of albumin in the urine and some hyaline casts. For the most part the patients did not look sick. They often appeared

bright, and were anxious to get out of bed and were usually making plans for the near future. This caused many of them to get out of bed with the first fall of temperature. In women the menstrual flow came on ahead of time, and if pregnant they miscarried. Many odd and bizarre symptom groups occurred but they were not nearly so common as in previous epidemics. Among these may be mentioned those who presented the symptoms of stupor, coma, loss of speech, and incontinence of urine, along with the signs of a bronchopneumonia. This made up a picture of cerebrospinal meningitis rather than pneumonia. While these patients were apparently moribund for days at a time, and most of them did die, still not a few recovered from what seemed to be a hopeless condition.

Empyema was conspicuous by its absence. When it was present it always raised the question *whether the antecedent pneumonia was not lobar rather than catarrhal.* The relapsing temperature after a period of normal temperature tempted many to aspirate. The physical signs were often strongly suggestive of *fluid*, but there was always something lacking in the physical findings so that one could not feel certain fluid was present. Sometimes this was because the flatness was too localized or the presence of an occasional rale, the absence of the Grocco sign, or the absence of displacement of the heart when the suspected area was on the left side.

The disease commonly ran on for eight or ten days and then came down by *lysis.* The temperature did not become normal for three or four days longer. Of course this was not always the case, and often the temperature ran on practically continuous for two or three weeks and sometimes longer. One of the striking features of this disease was the number of relapses. Patients whose temperature had come down by lysis, and by the twelfth or fourteenth day was near normal, would have a rise again, continuing for from three to six days, then fall, and a similar relapse perhaps would occur. In one case I saw five such relapses. It was seldom that the relapse lasted more than six days. Past experience teaches us that resolution does not occur in bronchopneumonia, oftimes for many months, and that until this does occur relapses are likely. An interesting clinical observation was made in the wards of Fordham Hospital that the males seemed to have most involvement on the

left side, whereas the females showed most signs on the right. Of course, this was probably only a coincidence.

In the fatal cases death occurred: (1) By asphyxia and coma; (2) with the symptoms of acute pulmonary edema. This often occurred out of a clear sky in patients otherwise doing fairly well. (3) In a large number, however, death occured with the *Romberg-Passler Syndrome.*

The abdominal distention, which had previously been a troublesome symptom, now became markedly worse. The patient had then the appearance of profound shock—the pulse became irregular, very rapid, 130 or 140; delirium, hallucinations, and restlessness were added. Sometimes pulse deficit could be made out, *i. e.*, there were more beats at the heart than pulse beats. Stupor and coma followed and *death* then closed the scene. In old people sudden death sometimes occurred. The patient was sometimes up and about when this happened.

Differential Diagnosis.—In the differential diagnosis there was commonly little trouble, because the showers of consonating rales at the base, which were so generally present, ordinarily clinched the diagnosis. I may say in passing that there are two other signs of some value to indicate that the patient is suffering from influenza of the respiratory type, even though he may have some other disease and they may serve in calling attention to an otherwise unnoticed pneumonia; these are:

1. The presence of an *enlargement of the puncta of Steno's duct* with a red hemorrhagic area at the point of opening. So far as I know this is an original observation and is present in 70 per cent of the patients who are suffering from the respiratory form of influenza. It is commonly present on the first or second day, and sometimes disappears after three or four days, but in other cases is present for two or more weeks. It was not present as frequently in children as in adults. Commonly it was more marked on one side than on the other. In relapsing cases it was present longer than otherwise, and on a few occasions I was able to predict a relapse by its continuance. I am not sure that this is always the case.

2. *Redness of the arch of the palate* with a persistent cough is strongly suggestive of a previous influenzal attack.

The four diseases which occasionally cause trouble in the diagnosis are: (1) typhoid fever, (2) meningitis, (3) appendicitis, (4) tuberculosis.

Among the rarer causes may be mentioned: (1) dengue, and (2) acute miliary tuberculosis.

Of the latter two I did not see a case in the present epidemic. The sudden onset and the presence of coryza and rales were the common signs that served to rule out *typhoid fever*. In doubtful cases the Widal clinched the diagnosis. As for *appendicitis* the presence of a few rales and the absence of leucocytosis were the most convincing proofs that the disease was influenza. The pain was more intense than in ordinary appendicitis. The signs did not develop in rotation as is the custom in the Murphy syndrome so common in acute appendicitis. The frequency of unresolved pneumonias of a month's or more duration makes the differentiation from tuberculosis a real problem, so that given a patient who presented signs of bronchopneumonia of a month's duration with its attendant loss of weight and appetite, and other distressing symptoms, as sweating and cough, one in the past has been prone to regard it as tuberculosis, even though the bacillus was not isolated. In view of the commonness of this form of bronchopneumonia at the present time, it is wiser to regard all of these as influenza rather than tuberculosis until a positive sputum has been obtained. Commonly tuberculosis affects the upper lobes, whereas influenza attacks the lower lobes; yet, in this pandemic we have frequently seen both—the upper lobes on one side and the lower lobes on the other—involved in the same case.

Prognosis.—In no disease has the prognosis been more difficult than in bronchopneumonia, because what really seems like a fulminating case will change over night, whereas, a patient who is apparently doing well may suddenly become moribund.

In general, the mortality was: Below five years of age, about 15 per cent; from five to fifteen years, about 5 per cent; from twenty to thirty-six years, about 30 per cent.

In children under one year it was approximately 50 per cent, and yet there were comparatively few deaths because pneumonia was not so common in children as it was in adults. It was not so common nor so fatal in the aged as it has been in the past. Women had almost double the mortality of men. If the disease was con-

tracted from a patient already suffering from influenzal pneumonia the outlook was worse than otherwise. If the first patient died of the pneumonia the second was likely also to die. When a double pneumonia could be made out the mortality was more than 50 per cent.

Cyanosis occurring early was almost invariably fatal, if marked and occurring before the eighth or ninth day it was generally fatal; it was perhaps the most terrible symptom of the disease.

Extreme prostration occurring early usually betokened death; even when it occurred late recovery was uncommon.

A "don't-care" attitude was of ominous import.

Incontinence of urine and feces usually meant approaching dissolution.

The pulse was of very little value in arriving at a prognosis. As a rule the pulse was quite slow and good until twenty-four or forty-eight hours before the end. When the pulse did begin to climb, whether early or late, and continued to do so for more than tewnty-four hours, the patient usually climbed into Kingdom Come.

Extra-Systole and Sinus Arrhythmia did not have any prognostic significance. They were more common after the fall of temperature.

A low pulse pressure always suggested a failing circulation, but other signs were quite as valuable.

A low respiration, under thirty, carried a good prognosis; when it went to forty or over recovery was rarer. A steadily climbing respiration rate was as bad as a steady climbing pulse.

As to the antecedent condition, fat people were poor subjects for the disease and the mortality was much higher than in wiry ones. Those with a pale, pasty complexion and with poor vasomotor response seemed to be poorer risks than others.

In my experience cardiacs who had already suffered from symptoms of broken compensation before this illness almost invariably died. Old patients suffering from renal disease usually died.

Those suffering from tuberculosis did not appear to have the same high mortality that others have noticed.

In women the onset of menstruation during the pneumonia had a bad effect on the course of the disease. If the patient was pregnant the child almost never survived, and the maternal mortality approximated 80 per cent.

No one can give assurance to a patient that a relapse will not occur, because even after the temperature has been normal for several days a fresh outbreak may ensue. It is, however, very uncommon for such a return of the pneumonia after ten days of normal temperature. In patients who suffered from trophic skin disturbances relapses were more frequent. On the other hand, patients who have had severe and prolonged attacks of this disease will suffer for years from the results, in the shape of repeated attacks of bronchitis and bronchiectasis. This is due to the anatomical results of the pulmonary fibrosis which follows in such cases. They have crippled lungs with areas of emphysema here and there which are aggravated with each fresh attack of bronchitis. One sees many such cases that have been suffering since the last pandemic thirty years ago. They are frequently mistaken for tuberculosis.—*Medical Record.*

The Effect of Blood Tranfusion on the Development of Tuberculosis.

Mayer and Hurley, of the Trudeau Sanatorium, Trudeau, New York, report interesting preliminary studies on the effect of the transfusion of blood to sheep that had been inoculated with bovine tubercle bacilli. They made three sheep tuberculosis by intravenous inoculation. They then transfused one of these sheep with the blood of a normal sheep; a second, with the blood of a sheep that had been immunized by several inoculations of human tubercle bacilli and by tuberculin (B. E.); and the third was allowed to serve as control without transfusion. The tuberculous sheep that received normal blood apparently received no benefit from the transfusion, but at autopsy exhibited the same amount and degree of tuberculosis as the non-transfused control. The sheep, however, that had been transfused with blood from the immune sheep had at autopsy markedly less tuberculosis than the normal control or the animal transfused with normal blood. The authors believe that the findings are suggestive to show that normal blood in repeated transfusion is of slight value while blood containing anti-bodies is possibly of considerable value.—*American Review of Tuberculosis.*

Extracts from Home and Foreign Journals

Disinfection of Cavities in War and Peace.

Silhol remarks that he used to rinse out the pleura but usually had deplorable results. The war has shown that the principle is correct but that it must be applied with infinite attention to details. This makes it a life-saving and promptly effectual measure. The same can be said of irrigating the infected uterus. In a recent case, the puerperal uterus was profoundly infected, the cervix soft, the young woman's general condition grave, but there was no albumin in the urine, and Silhol had Carrel's method of irrigation applied to the uterus by a nurse skilled in the technique. The temperature began to go down by the next day and in four was normal. Contrary to his advice, the Carrel irrigation was suspended as soon as the acute phase was past, and a few weeks later symptoms of salpingitis became apparent. He is convinced that Carrel treatment kept up long enough would ward off infectious processes in the adnexa, especially when begun early. The lessons learned in war surgery in regard to disinfection of cavities should be applied in civilian practice without delay.—*Journal of American Medical Association.*

Large Doses of Camphor, Especially in Influenza.

Professor Feer of Zurich gives full credi tto Seibert of New York for originating the camphor treatment of pneumonia in 1909. His recommendation was by no means ignored, for various clinicians in different parts of the world have since used the same remedy for that disease. Cases are cited in which huge doses were given without accident—for example, a man of sixty took seventy-four grams in eleven days. Ever since Seibert's first announcement the author has treated cases of severe pneumonia in children with the method in question. It was certain that the remedy was well tolerated and that in certain cases it antagonized the disease. He later receded from this plan but only because the mild char-

acter of the disease in childhood hardly requires such treatment unless there is a demand for the stimulant action of the drug in cardiac and vasomotor weakness. Only when the severity of the present pandemic became apparent did the author, in search for a remedy for bronchopneumonia recur to camphor. But while in the severest type of case the destruction of the lung showed that no treatment could have prevailed the other cases would perhaps have recovered in the absence of camphor. In addition to the latter caffeine and digitalis were given. In a few cases of bilateral pneumonia camphor alone was used and the results were satisfactory. Here there seemed to be a special tolerance for the drug so that massive doses could be given. Since bronchopneumonia is really an affection for adults in this grip epidemic, the author would test camphor in these cases, fully realizing that its reputation is based on results in croupous pneumonia. On that account too much should not be expected of it. In the individual case the author has seen the cynanosis recede at once after an injection. Evidently camphor is only a symptomatic and not a curative remedy, for its effects are chiefly those of a temporary roborant. It appears that the usual dose of this drug can be increased many fold so that no other heart stimulant is required.—*Medical Record.*

Hernia of the Urinary Bladder; Notes of Cases. With Remarks on Strangulation of Femoral Hernia and its Treatment.

Blakeway (*London Lancet*) says that hernial protrusion of the urniary bladder is a comparatively uncommon complication of inguinal and femoral hernia. Diagnosis cannot usually be made before operation, though symptoms and statements of the patient may suggest it.

This difficulty of diagnosis and its rarity have led in many cases to injury to the bladder during operation for relief of hernia.

The author has operated upon five cases of hernia in which the bladder protruded. Three were males and two females. The ages varied between forty-eight and seventy-one years. All were on the right side, of the direct inguinal variety in two of the males, and of the femoral type in the other three cases. A sixth case was seen in which diagnosis was made without operation.

In all the cases operated upon, the relative position of the sac, and the herniated process of the bladder were similar. The bladder protrusion in all cases involved the whole thickness of the bladder wall. It was closely applied to the inner side of the neck of the sac, and in each case was about the size of a walnut. At operation it was always found collapsed and might easily have been accidentally wounded or ligated.

Any thickening about the inner side of the sac of an inguinal or femoral hernia, especially if of long standing, should excite suspicion.—*Charlotte Medical Journal.*

Low Temperature.

The lowest temperature on record, so far as we can discover, is that observed by J. J. Reincke (*Deutsch. Arch. f. klin. Med.* 16: 12. 1875) in a man who had spent part of the night outdoors, lying in a drunken stupor, exposed to a temperature of 32° F. At 8 a. m. the man's temperature by rectum was 75.2° F., and not until 1 o'clock in the afternoon of the following day did it return to normal. The man lived. Reincke also records the case of a man who jumped overboard from a transport, striking his head on a rock. He was picked up apparently dead, but vigorous attempts at artificial respiration proved successful. His rectal temperature was 91.7° F. Magnan (*Virchows Arch. f. path. Anat.* 53:27, 1871) records the case of a drunken man whose rectal temperature was 79.8° F. Musser (General Diagnosis, 1900, p. 206) refers to a case of intermittent fever, with jaundice, in which the lowest recorded temperature was 91° F. He does not state whether the patient survived. It will be noticed that these references are far from being recent. Perhaps some of the readers of *The Journal* may know of more recent references.—*Journal of Amer. Med. Association.*

Substitution of the Thumb By Means of the Great Toe.

R. Muhasm gives the evolution, successive radiographs, and happy functional result of a case in which Nicoladoni's operation was done. The left hand was bound to the right foot, the transplant of the great toe was accomplished in several stages, complete sep-

aration being realized on the twenty-fourth day. Two days later the new thumb was warm and sensibility was completed. Ten days later dry gangrene of a portion of the grafted digit arose, involving the ungual phalanx. After elimination of the sequestrum a cure was obtained with functional use of the restored hand. The patient could close the fingers with considerable force, could shave himself (the right arm was amputated). The sensibility, which had disappeared in the necrosed area, had returned completely in the grafted digit at the time of publication.—*Medical Record.*

Prostato-Toxemia.

Dr. Lydston believes that the prostate is a frequent source of focal infection. The gonococcus is the chief offender, but is not always so. The bacillus coli, staphylococcus and streptococcus singly or combined often underlie prostato-toxemia, producing so-called rheumatism in its protean forms.

The prostate has a hormone of its own, many of the symptoms and much of the pathology of prostatic disease being due to an aberration of the quality and quantity of the products of biochemic activity in the glandular tissue of the prostate. Neurasthenia of prostatic origin, headaches, gastric disturbances and various neuralgias in prostatic disease often may be thus explained.

Prostatic massage, vaccines and instillations of antiseptics are the remedies most to be relied upon in prostato-toxemia. Lydston claims that the pioneer in the theory of focal infection in general was Dr. E. V. Green, of Martinsville, Indiana, and supports the claim by incontrovertible evidence.—*Med. Review of Reviews.*

Prostatectomy: Preparatory and Postoperative Treatment.

Dr. Bransford Lewis, St. Louis: I have adopted the suprapubic method as the operation of choice because it gives the better results. It is free from a number of momentous objections that pertain to the perineal operation, such as ineffectual urinary control, sexual disability, and urethrorectal fistula. While a one-stage suprapubic prostatectomy may be carried out with confidence and safety in a patient of middle age and good general condition, there is

no doubt about the distinct advantages presented by the same operation done in two stages in the decrepit patient of advanced years and weakened resisting powers. The opportunity presented by the two-stage operation of establishing a firm adhesion between bladder and abdominal walls is scarcely less valuable than that of establishing suprapubic drainage. Infection of the loose connective tissues surrounding the bladder, with extensive suppuration, is one of the most serious dangers attendant on suprapubic work. Once established, such suppuration is difficult of control, and the condition may rapidly become formidable. The ounce of prevention consists in attaching the bladder firmly and permanently to the abdominal wall around the opening in the bladder by means of chromicized catgut sutures.

Spinal anesthesia is commended as serviceable by some operators, but I regard it as the most dangerous of all methods of anesthesia. I know of no deaths so far reported from the use of caudal anesthesia, although there have been instances in which physiologic effects have been observed.—*Journal of American Med. Association.*

Artificial Abortion in Antiquity.

This subject has recently been considered *in extenso* in a Paris graduation thesis. It seems that up to a certain period of antiquity this act was not interdicted. The code of Mammurabi, the Mosaic Law, did not condemn it. In the later Judaic law the fetus was not regarded as an independent existence but merely as part of the mother. In Egyptian lore one seeks in vain for prohibition of abortion. But in the Vedas, Avesta, and the laws of Manu abortion is condemned in or out of wedlock. The crime was against the Deity but not against society.

In Greece, from early times, abortion was common, and the thinkers of the time justified it. Birth control was deemed an inherent right. Infanticide was legal in Sparta. In Athens, with its culture, there was a critical pose. If a father wanted children and the mother defeated this desire by committing abortion on herself, a question was indeed raised, but no prohibition and no penalties are in evidence. The act of abortion was done by the midwife of the period, who was the obstetrician and gynecologist *ex officio*

of the day. Medicines by the mouth and pessaries were the usual resources for artificial abortion. The grave prognosis of abortion was known to Hippocrates.

Under the Cæsars the Roman satirists deplored the frequency of artificial abortion, and Juvenal observed that wealthy women no longer bore children. The Romans of the day held to the old belief that the fetus had no rights—was only part of its mother. The leading motives for abortion were to conceal illicit relations and to preserve female beauty—for "women aged quickly in Rome." In their dilemma the Roman women turned to all kinds of "wise women" besides midwives—fortune-tellers, sorceresses, perfumers, and what not. The enfranchised Greek ex-slave was especially in demand. There is evidence that septic abortion of fatal termination was common. The first evidence of penalty was the exile of the guilty mother for a time in the view that her status was that of an alien and not a citizen. Abortionists were punished only when the mother died. The doom of abortion came with the ascendancy of the Christian Church, which urged the doctrine of the rights of the unborn child as a separate creature.—*Medical Record.*

The Treatment of Keloid by Injections of Creosoted Oil.

Lesieur (*Jour. de Med. de Paris*), employs injections of creosote in sterile olive oil, 10 c. c. of the former in 150 c. c. of the latter, in the treatment of keloid. The puncture is made in the sound skin close to the growth and the oil injected beneath, but not into the keloidal tissue. From two drops to five c. c. are injected at each treatment, care being taken not to overdistend the tissues; the injections are made every two days or even every day, according to circumstances. There is at first a diminution, later complete disappearance of the rosy or violaceous tint of the keloid; itching and pain if present cease with the first injection; the skin becomes supple and the growth finally flattens out and disappears. These results are obtained in from fifteen days to two months; in some instances, however, it may be necessary to continue the treatment for six months. The author has employed this method of treatment in 100 cases and regards it as very satisfactory.—*Charlotte Medical Journal.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

A Novel View of Pellagra.

A writer contributes a paper entitled, "Treatment of Pellagra," in a recent issue of the *Medical Review of Reviews* that presents some views that are peculiar if not astonishing. Pellagra continues to be an enigma to the medical profession. Formerly the cause of the disease was supposed to be due to spoiled corn and for a long time that theory was generally accepted as satisfactory. At the present time this theory has been rejected as untenable. The consensus of opinion now is that the causative factor of pellagra is unbalanced ration or dietary influences upon metabolism. An eminent investigator, Goldberger, has promulgated this theory and it has been accepted by the medical profession. The writer of this paper in the *Medical Review of Reviews* is iconoclastic in that he rejects in toto the accepted theories and presents an explanation of his own. He claims that pellagra is infectious and depends for its being upon an amœba, though this causative agent has not as yet been identified. He asserts that this amœba enters the system by way of the stomach, in which organ it multiplies and generates a toxin that enters the blood and produces its baleful effects on the thyroid gland and claims that the diseased condition we recognize as pellagra is the result of either hyper or hypothyroidism. The writer is convinced that we have a diseased or an ill-functionating thyroid in every case of pellagra. Hydrochloric acid in the stomach depends upon the action of the thyroid. In pellagra there

is a progressive loss of hydrochloric acid, showing impairment of the functionating action of the thyroid. In pellagra the marked blood change is the loss of hemoglobin, a loss due to lessening of thyroid activity, from which a ready inference may be drawn. The writer has had a very large experience in the management of pellagra and in his treatment the first indication is to destroy the amœba. For this he advises the employment of ipecac, either in the form of emetine or alcresta ipecac. At the same time as an almost unfailing remedy he urges the regular employment as long as the stomach will take it of freshly made chlorine water. The unusual features presented in this brief article make it interesting if not instructive, though we imagine very few readers will accept his theory as to the etiology of pellagra or subscribe to the treatment he advocates. In our own experience we have found that arsenic in some of its forms stands at the head of remedies for this disease and is almost universally used.

Hold Your Liberty Bonds.

There is a notion very prevalent in the United States that when the American soldiers return home they are going to feel very kindly toward the subscribers to the Liberty Loans. Liberty Bonds are incontrovertible evidence that the purchaser has supported his government, has supported our soldiers abroad in this war. Keep that evidence in your possession until the boys come home.

To the Physicians of the Country.

There is danger of an alarming spread of venereal disease during the reconstruction period. Prior to demobilization, the tense morals of the fighting forces is bound to relax. When mustered out, the men will return to conditions in civilian life which have been responsible for venereal disease. Prompt measures must be taken to meet the situation.

Among the striking things disclosed by army statistics is the value of proper methods of control as developed in the treatment of venereal cases in the service. The same methods of control will

prove equally effective when applied to venereal cases among civilians.

The United States Public Health Service, therefore, appeals to every member of the medical profession to co-operate in accordance with the enclosed bulletin. You are asked to give assurance of your support by signing and returning the post card. Subsequently, each physician enlisted in this movement will receive a copy of the revised "Manual of Treatment of Venereal Disease," prepared by the United States Public Health Service in accordance with the latest methods of treating venereal disease in the army, and distributed in co-operation with the State Boards of Health.

An early reply from you is awaited with interest.

Respectfully,

RUPERT BLUE,
Surgeon General.

OBITUARY.

The recent death of Dr. Charles A. Robertson, of Ridgetop, Tenn., formerly a practitioner for many years of this city, will be greatly deplored by his many friends in the profession. He has been for a number of years superintendent of the Watauga Sanitarium for the cure of tuberculous patients and had attained a widespread reputation for his success in that class of diseases. Dr. Robertson possessed a lovable personality, was thoroughly versed in the knowledge of his specialty and was highly esteemed and honored by the profession. He was a personal friend of the editor and was greatly beloved by him.

CASE OF ASTHMA SUGGESTIVE OF BACTERIAL ORIGIN.

D. D., female, age seven years, slight physique, subject to colds, family history of tuberculosis on both sides, although both parents in robust health. In August, 1917, the patient contracted whooping cough. This attack was recovered from seemingly without complications, but later the little patient contracted a severe cold, and at this time she began to suffer from attacks of shortness of breath and wheezing. Examination showed a typical picture of asthma with all other findings negative. Since the first symptoms were noticed any cold or undue excitement precipitates a paroxysm of asthma.—*Medical Review of Reviews.*

Reviews and Book Notices

Volume XXI, No. 4, Whole Number 80. Progressive Medicine, a Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, Instructor in Therapeutics, Jefferson Medical College, Philadelphia. December 1, 1918. Owners and Publishers, Lea and Febiger, Philadelphia, New York.

Our thanks are due to the obliging publisher for this volume of a most valuable publication. Too much cannot be said of the usefulness of such a publication to the active physician whose professional duties stand in the way of searching through serial literature and standard text books for the new things that are being brought forward daily. This quarterly does that labor for him as its contributors search out new facts, new theories, improvements and additions and furnish them to the readers of *Progressive Medicine.*

Vol. IV consists of the following: "Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum," by Martin E. Rehfuss, M.D.; "Diseases of the Kidneys," by Henry A. Christian, M.D.; "Genito-Urinary Diseases," by Chas. W. Bonney, M.D.; "Surgery of the Extremities, Shock, Anæsthesia, Infections, Fractures and Dislocations and Tumors," by Joseph C. Bloodgood, M.D.; "Practical Therapeutic Referendum, by H. R. M. Landis, M.D. Index.

Publisher's Department

While a quarter of a century has brought no new remedy for influenza, since synthetics and quinine are not to be depended on, the best results are still obtained from the salicylates which become anti-microbic in the blood. Hence, Tongaline is particularly indicated for influenza, because, in addition to the action of the salicylates, it exerts pronounced alterative and eliminative effects, whereby the poisons in the system are promptly and thoroughly expelled.

INTESTINAL STASIS -Intestinal stasis, as Lane and others have shown, is the chief etiologic factor in countless ills. The secret of its correction

is not the routine use of laxatives and cathartics, but a stimulation of the physiologic processes throughout the intestinal canal and a gradual increase in the tonicity of the bowel structures. As a means of accomplishing the foregoing, Prunoids have proven effective and dependable. One or two at bedtime, or in intractable cases of long standing, a Prunoid three times a day, will assure regular movements from the bowels without griping, distress or reactionary constipation.

DYSMENORRHEA—Menstrual pain, when nervous in origin, or due to reflex spasmodic conditions, can often be promptly relieved by full doses of Peacock's Bromides when other measures prove of little or no avail. After one or two doses, the patient will fall to sleep and awaken in a few hours with the spasmodic condition completely relieved, the natural flow established, and the pain entirely gone.

GASTRALGIC ATTACKS—Two teaspoonfuls of Seng shortly after eating have been found exceedingly effective for preventing gastralgic attacks. The beneficial influence of Seng on the gastric glands is shown by an increase in gastric tone and a markedly lessened nervous irritability.

"STEADIES THE HEART"—Logan claims that Cactina Pillets are invaluable for steadying the heart's action. A Pillet every two or three hours promptly manifests its beneficial influence.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including iron, quinine and strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

A Common Origin for Shingles and Chicken-pox.

Le Feuvre (*British Jour. Dermatol*), believes there is a close eitological relationship between herpes zoster and chicken-pox. He has collected about fifty cases, seven of which were under his own observation, in which these diseases occurred so closely associated as to suggest the probability that they had a common origin. In the author's seven cases an attack of zoster was followed in from twelve to twenty days by chicken-pox in some other member of the family, in all cases a child. Of the whole number of cases collected, forty-one showed this sequence, while in a much smaller number (five cases) zoster followed the chicken-pox; in four cases the two diseases were concurrent. The author believes shingles to be an infectious disease, which, under certain unknown conditions, may serve as the starting-point for an epidemic of chicken-pox, and should therefore be placed in the list of notifiable diseases.—*Charlotte Medical Journal.*

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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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Original Communications

The Psychology of Swiss Soldiers.

BY ARTHUR M'DONALD, WASHINGTON, D. C.

A psychological study of certain mental phases of the soldiers of Switzerland in the present war will apply not only to Switzerland in particular, but in general to soldiers of all lands, because of the universal truth, experienced by travelers, that human nature is the same the world over. Differences of language and customs are more or less adventitious when contrasted with the deeper things in our minds and hearts. Such a study, therefore, may not only be interesting, but instructive to us all.

Though Switzerland has had her neutrality guaranteed for decades and has always been protected by mountains, nevertheless, in the present war, she has mobilized, in order to be ready for every emergency.

For generations Switzerland has not had professional soldiers. The military training of recruits, with a few weeks of schooling and courses of repetition, is not sufficient to create a military class. Since the war, however, and on account of prolonged occupation at her frontiers, and by force of circumstances, a military profession, to a certain degree, has arisen. Coming from the habits of the people, it has produced a certain tone and manner and spirit which are distinguished from occupations and professions in civil life. Such manifestations, mixing the new and old, give an insight

into the popular mind in general and that of the Swiss mind in particular.

In addition to her efficient preparation, Switzerland, through one of her scientific societies, has not omitted an opportunity for a first hand investigation of the psychology of the men called to the colors. In France already the life and songs of birds in the fighting zones have been studied. With soldiers the nearness of war, the strong desire and will for defense against dangers, give rise to certain thoughts and state of conscience where deep impressions produced in their ancestors are aroused again by what they see and hear at present. Thoughts, feelings and volitions are awakened. But what are these manifestations? They are a partial return to original, distant and indistinct forms of faith and thought. Thus there appear various rules and rites of intercession, propitiary practices, magic and witchcraft. Also a special language or slang arises.

These manifestations constitute what may be called the Swiss military psychology. To study and systematize this is both practical and scientific. For to penetrate into the mind of the soldier to find out what he sings, what amuses him, what is serious to him, what consoles him and what preoccupies him, all this helps to understand better the silent and powerful forces, the primary instincts and sentiments (low or high) which constitute the eternal foundation of human nature. Such knowledge is a great power. The soldier has a certain fear, a word or belief; he shares it with his comrades, he adapts himself to his new conditions; that is, his civilian habits and ideas are accommodated to military life. When the soldier forms a slang expression, composes a verse, invents a good word, calls a nickname and tells an anecdote, all such manifestations furnish not only a true understanding of his mind, but are of great value to the historian and philologist, as well as the psychologist. Such phenomena are pervaded with genuine patriotism.

The Swiss Ethnological Society sent out a questionnaire among the soldiers. Some of the inquiries were:

1. What are the means employed to escape military service (mutilation, etc.)?

2. Did the recruiting involve certain usages, as ribbons, flowers, libations, etc.?

3. Were the curious customs known before, during or after the battle (symbolic forms at the time of declaration of war, throwing ground above the head; where and when? War cries, ruses of war, etc.)?

4. By what means did one believe he could preserve his life? Are certain persons unconquerable (objects blessed, money or medals, images or inscriptions, religious maxims, magic tickets, amulets)? Are there objects which bring danger (games of cards)?

5. What popular remedies are employed to soften or dissipate certain evils?

6. Are there inoffensive or superstitious means which will attain their purpose without fail?

7. What are the signs or omens indicating war (meteorites, animals)?

8. Are there among the people prophecies relative to the war, to destruction of families of princesses, or of country?

9. What songs does the soldier sing?

10. Language of soldiers (expressions employed to designate certain grades, certain arms, eating and drinking, secret language, etc.)?

While Switzerland in olden times was a military nation and always defended its independence successfully, and while by tradition the Swiss are soldiers (a military people emeritus), they have preserved the taste of their ancestors for shooting, in which they are very expert. Their youth have always been especially well trained in this phase of military service, just as also target practice in our country is a strong point in our military regime. The writer, when living in Switzerland, was surprised at the great public interest in tests for marksmanship.

In 1800 there was published in Switzerland a compendium of superstitions, traditions and art of divination; there were cabalistic formulas of every kind; mysterious remedies to prevent and heal human maladies and those of cattle, associated with occult means, as prayers, conjurations and chance; means which protect against charms, enemies, thieves, and even mice and rats; in short, all evils and dangers of life. For instance, in order to hit the mark 100 paces on the earth, this compendium of the year 1800 says:

"It is necessary to write upon a piece of paper the names of three kings and roll the bullets in it, then draw a breath when shoot-

ing and say 'I adjure thee to go straight to the point which I wish to hit.' "

But it is not our purpose at present to take up these interesting phenomena of a century ago.

Signs and prophecies of war (questions 7 and 8) are continually recurring in history. At the beginning of the present war, as that of every war, there appeared numerous prophecies in more or less ambiguous terms, open to various interpretations. These words of prophecy are for the most part ancient sayings, more or less adapted to the present time. Such phenomena teach us to beware of vain conjectures, yet to preserve the superstitions of those with vacillating heads. A great many of these come from Nicholas de Flue (Swiss hemit), who reappears at each war, and who naturally has announced the great European and world war: "When the serpent of iron (the railroad) shall traverse the valley, there will be a great war, which will terminate on Swiss soil and in which so much blood will be spilled that it will reach up to the knees of the horses." (*Herve, Georges, Superstitions Populaires Swisses. Revue Anthropologique, Paris, September,* 1916, *pages* 30-365.)

Here is a more modern example: In 1913, at a young ladies' seminary at Lorrach, near Basel, in Switzerland, the pupils were required to write compositions. One of them wrote that in 1914 a terrible war would break out. The teacher asked her how she dared to express herself in this way. She answered, that she had seen during the night an apparition which had recounted to her all this. The teacher asked if the apparition told when the war would end. The pupil responded. "Yes, six weeks after my death." The pupil died March 28, 1915. Thus the war should have ended May 9, 1915. Curious to say, a similar story has been related of another school in France, a little distance from Geneva Switzerland.

It should be remembered in regard to predictions, especially general ones, that if a prophecy be right in one respect and wrong in every other respect, nevertheless the popular mind will very often believe it. The spectacular effect of this one point dims the consciousness and obscures all the errors.

Rarely does Switzerland ever frown on military service. The Swiss young man is proud to be a soldier; he does not try to be exempted, and with him recruiting is rather like attending a festival. Thus, for example, in one of the Cantons the young recruits

adorn themselves with ribbons in knots with medals more or less gilded made of pure comelot. In another Canton the recruits make flags richly embroidered. Sometimes these flags are of enormous size. They are sold to the highest bidder, and the money serves to aid the troops.

For small or great evils, the soldier, especially he who lives in the country, often has recourse to the remedies of the good housewife. Sometimes these remedies are not so bad; at any rate, they are of interest as a contribution to popular medicine. To prevent rheumatism, carry a piece of wax in your pocket secretly. This was the practice of the eighteenth century.

It is difficult to say to what extent magic affects the soldier. One can carry an amulet or charm; it cannot do harm, even if it does no good, the soldier says; it is necessary to be ready for every eventuality.

To gather superstitions of the past is not to collect puerilities, but to preserve the remnants of beliefs which were once alive and often profound. It is to aid in the study of philosophy and religion.

To secretly cause bad shooting say: *Manati, Manatan, Manatidor,* while crossing the left leg over the right.

With soldiers, the song plays a powerful and very important part in maintaining the morale and intensifying patriotism. In long marches on rough roads one often hears the soldiers singing patriotic songs; but they often sing songs of the cafe-concert type which strengthens their wills and stimulates their energy. Although occasionally the songs are coarse or immoral, they are not of the flagrant type. It must be remembered that all sentiments have an escape valve, and it is better that they be expressed in words or muscles of the tongue, rather than in acts. Also, when we consider the rough life and hardships of the soldier and the abnormal conditions which necessarily surround him, we should not be too severe in our judgments.

"Without the goat for Uncle Henry,
All the village,
Without the goat for Uncle Henry,
All the village will be without a kid."

This is a refrain to a popular Swiss song. This refrain is irrational when repeated after each stanza of the song, but this very

irrationality is drollery, which pleases the troops. Doubtless there are more refined and better composed songs, but they do not seem to satisfy the soldier when he wants to forget and be hilarious. Such songs seem to be a psychological necessity.

"They were black (repeat)
Like clouds (repeat)
From the head (repeat)
To the navel."

The refrain:

"I am seeking fortune
Around the black cat,
In the moonlight
On the mountain."

There is no relation of any kind between this stanza and the refrain, yet when the Swiss soldiers were mobilizing in 1914 these verses had a curious and very great effect upon them.

The need of singing to intensify patriotism and increase the morale of soldiers is everywhere recognized. But it has special significance for the American soldier, who is far away from home, in unfamiliar environment, with little or no knowledge of the language of the country. He needs all the more the feeling of comradeship. He has great patriotism, but it may be latent; the song develops it and sets it on fire.

While tendencies to sing songs of low or vulgar character should be resisted, on the other hand patriotic words should be encouraged with every style and suitable to elevate the morale of the troops, and incidentally to divert the mind and aid in overcoming fatigue. We should oppose with firmness, but kindness, the introduction of scandalous songs. The love of true songs should be developed. Songs, even more than discipline, can be a great force among the soldiers.

The present war and the Swiss mobilization which resulted drew attention to military matters, especially the habits of the soldiers who, as is well known, act somewhat differently in military service as contrasted with civil life. In certain respects soldiers are less dignified in military life; they are more outspoken, more natural. One of the principal differences is in talking slang, which, though it may be linguistically coarser, seems to the sol-

dier to express more truthfully his real thoughts and feelings, giving them an exceptional shade, tone and value.

It is, therefore, useful to study slang to understand its causes and its powerful effect upon the soldier's thoughts and acts.

When the soldier enters the military service he takes a new attitude; he is himself with all his good points and also defects. The physical natural life resumes all its rights; conventional matters are banished at once, but with a disposition to conceal the dullness of the service. For by itself, with some exceptions, the service appears to all as a tiresome job, which, whether one will or no, must be accomplished. To give himself a change he begins to exaggerate things; he might feel like crying, but he must have an imperious air; yet all must be taken in good will. When such an attitude, in itself fictitious and superficial, is received in good faith, ordnary words are not sufficient to express it. Thus slang arises, some of which belongs to civil life and some more properly to military service.

The life and foundation of slang words are curious. Some words endure, others disappear or die. Many of these words express the same idea. For example, the word "head" (*tete*) *has a dozen meanings*. Etymologically, it is difficult to explain the source of all these words. In France the absurd expression, "Thank you for the lobster," though it had a short life, has no logical explanation.

According to circumstances, to the humor and ideas sought to be expressed, soldiers choose in the arsenals (which are full of slang expressions) the words which appear to them most suitable for the situation. It would be impossible to give a complete list of slang words used, for every battalion has its special epithets.

The parts of the military questionnaire which concerned literature was responded to most. It is the living and most actual factor.

At all times men like to give each other nicknames; pupils at school and students at college call each other and their teachers names. This tendency is also found in university circles. A soldier is called "the great robe" because of his large (too large) cape, which makes him look as lost beneath the bed coverings.

As the reader will see, a certain degree of irony, scorn and mockery characterizes most of the slang words. Some words, like "cafard" (tiresomeness), although humorous in intent, express something of infinite sadness and seriousness. "Cafard" means

"fumeron," which signifies a piece of charcoal not burnt enough, which smokes a great deal. How many soldiers, the prey of "cafard," battered about in life, forget the wise counsels of Rousseau, who said: "Before you commit suicide, see if there is not still left some good action you can perform."

A curious thing is to hear the soldier tell wonderful stories concerning everything around him, in order to conceal to himself unspeakable melancholy, which envelops him and of which at any price he would not be the victim. He finds relief in this humbuggery—a precious stimulant, which renders less painful the fatigue of marching and accomplishment of military service. The word "head" (*tete*) has the largest number of synonyms. It is called "pear," "lemon," "pumpkin," "onion," "ball," "stump," "capsule," "coffee pot," "flint," "hobnail." But the terms most used and held in honor for "head" are "teakettle," "candle" and "nut."

When one desires to mock a comrade he says to him "old teakettle," "dirty candle" or "old nut." This last is the strongest; it is the most droll of all.

To name the military bag or sack there are few slang terms. It is called "a house," "a villa," "ace of diamonds," "an armory." The villa, house and armory convey the idea of the weight of the sack; the ace of diamonds curiously refers to its form.

Some slang expressions designate the effects of equipment, armament and food. Shoes are "chariots," "Welsh rabbit." The rifle is called "Jacob's staff," or "cross bow," a "syringe." "Cabbage-cut" means to bayonet a person. A military meal is called "rata." "Cani" is the cafe, which has been supplanted by "carpet." To drink, one is "on the carpet."

To save oneself, to flee, to escape—these expressions are of great importance, especially when one is caught; thus (*decaniller*) from "cani," meaning to quit the cafe; an extension of meaning is "to give way." To become weak during the march, to fall behind, this means "canner," he who exposes himself to the contempt of his comrades. A good soldier never quits, yet he often suffers terribly during the march. He feels himself exhausted; then one says, "He has the reverse," yet he always makes desperate efforts to survive.

Here is a list of slang words, showing in different degrees a certain amount of malice, or jocular irony: "Rouspeter" (to grunt,

to course); "the snorer" (music); "a rook" (a superior officers); "to have the blues" (to be stamped or crested); "the lousy ones" (beard); "a combine" strategy); "speckled" (drunk); "a cap" (soldier's pay when mustered); "to take something for his cold" (to be severely punished); "to lean against something" (to assume a very hard task); "to girdle onself" (to deprive onself of a meal); "fleet" (rain); "to bat" (to rage).

Frequently words are made slang by shortening them and adding the letter "o," as "fromlo" (fromage—cheese); "servio" (the military service). This is an easy way to form slang without much mental effort.

A certain number of words in the French army have come gradually to the frontiers. Thus "juice" (morning coffee or chocolate), "doctor" (railroad which conducts the troops to their home).

Slang sometimes is a pure invention, a result of the need of expansion, of comradeship, which men love, when called to live a certain length of time together in particularly trying conditions. It is a link of friendship permitting the expression of sentiments, even when some mockery is implied. The soldier is voluntarily a mocker, is ironical, but he is not mean and with his blackguardism he mixes good nature, a kindness which makes his language received without wincing. It is almost an honor to be called "old nut." A real factor in the philosophy of resignation and of joyous optimism consists in the use of slang in the military service. A study of soldiers' slang will cause a better understanding and better appreciation of them by unveiling their real character. To talk slang does not mean necessarily to talk bad; to speak coarsely is often to speak a language more expressive, more adequate and better adapted to external surroundings, conforming more to the needs and aspiratioen of those who are called momentarily to use them. It is not a want of heart, but, on the contrary, one puts one's whole soul in what he says, impregnates his words with an effective and strong sympathy, where true comradeship is recognized. Sometimes it makes a tear come to the one to whom the slang is addressed. Military service without slang ceases to be military service; there is something wanting, a little poetry at first blush, and then the gift of forgetting fatigue, and of accepting everything joyously, because the words are taken in good part. Laughing, says Rabelais, is peculiar to man. In military service,

and still more in civil life, the laugh has its rights, due very often to slang. It gives confidence and hope to the soldier; it makes for military efficiency by upholding the morale; it thus helps to conquer the enemy.

As Americans, we have entered a great war with first-class powers for the first time. But we are a peaceful nation and not a military one, and never have been. Now, however, as we are in the war to the finish, we need to give all the more attention to everything that leads to military efficiency. One of these things is civilian efficiency at home, which is one of the principal sources, if not the main one, of our military efficiency abroad. Civilian efficiency in war times depends mainly upon willingness to make all sacrifices and endure all hardships without complaint, and thus be prepared to overcome all difficulties which necessarily accompany the vicissitudes and fortunes of war. We must not be surprised at anything, but always ready to do anything to win the war.

Selected Articles

A New Incision for Appendectomy.

LEIGH F. WATSON, M.D., CHICAGO.

The number of incisions that have been brought forward for appendectomy from time to time, show that no one incision is adapted to all cases. Many writers have noted that in the cadaver the base of the appendix is found at McBurney's point, while in the living subject it is below this point, usually on a level with the center of Poupart's ligament. A number of operators have called attention to the ease with which the appendix can be removed when operating for right inguinal hernia. Since 1910, I have used a new incision, with its center over the base of the appendix, and believe that in many cases it is an improvement over those in general use.

Incision: A point one and one-half inches from the right anterior superior spine, on a level with a line connecting the two superior spines, is selected for the beginning of a vertical incision

which extends directly downward for two to three inches to a point just above, and to the inner side of the internal abdominal ring.

Advantages: Traction to expose the appendix is avoided, because this incision, in the external oblique and its aponeurosise, the most resistant structures, is directly over the base of the appendix. It can be enlarged without weakening the abdominal wall. The ilio-hypogastric and ilio-inguinal nerves are not injured because the incision lies between them. Because this incision is made over the cecum, the small intestines do not crowd into the wound as they do when the McBurney and lateral rectus incisions are used.—*Annals of Surgery.*

The Ovaries With Hydatidiform Mole.

In Nordentolft's case the woman of thirty-five had borne three children. There was an interval of three years since the last pregnancy, but recently there had been no menstruation and a tendency to nausea and vomiting had convinced the woman that she was three months' pregnant. Then came severe hemorrhage by the vagina and the uterus seemed to be of a size corresponding to a six months' pregnancy. A large mole was found and the uterus curetted. A tumor rapidly developed thereafter on each ovary. On the left ovary the cystic tumor was 15 cm. long, with a base 8 cm. broad; on the right ovary the tumor was smaller, but both were of cystic structure, filled with a fluid, gelatinous mass similar to the contents of the mole. The uterus itself also showed suspicious patches so that supra-vaginal amputation seemed advisable. The patient has been in good health during the months since to date. The ovarian tumors had probably existed at the time of the operation on the mole, but their rapid growth, that could be followed with the eye and palpation, within less than a week, was most striking. In six other cases of mole given operative treatment at the same hospital, the women were from 20 to 46 years old; four of the women had borne several children, one only one child, and one was pregnant for the first time. Four have borne healthy children since; one woman died several months later of a pulmonary lesion which may have been metastasis from the mole, and one succumbed to sepsis consecutive to the operation.—*Jour. of Amer. Med. Assn.*

Extracts from Home and Foreign Journals

Magnum Caput.

A C. A. M. C. officer avers that one of the after-effects of the war will be that the world will be flooded with young men who will call themselves surgeons, says the *Canadian Journal of Medicine and Surgery*. A youngster straight out of college, or who has had a few years of country practice, is put in charge of a surgical ward and is allowed, either through press of work or by lack of vigilance on the part of the officer in charge of surgery, to do an amount of operating to which he is not entitled by his training or capabilities. Before he has had time to see the effect of his work the cases are evacuated to another hospital. The patient does not know who he is. There are no critical neighbors or relatives to bring his mistakes home to him. He, therefore, develops self-confidence much more quickly than knowledge, skill or judgment. As he is paid the same whether idle or busy, if he is not very conscientious he is liable to do as little as possible and to get careless about the little he does.

This critic concludes by saying that "military surgery will make some men into good surgeons, but it will be the spoiling of the medical careers of many more."—*Medical Brief.*

Erythema Nodosum.

Marfan, in *The Medical Press*, London, points out that erythema nodosum was formerly classed among the rheumatic eruptions with polymorphous erythema and rheumatoid purpura. These two conditions are now recognized as constituting two distinct and separate groups, and erythema nodosum has been shown to be a disease standing in some sort of relationship to an acute outbreak of pulmonary tuberculosis. Erythema nodosum occurs only in tuberculous subjects, usually in those in whom the infection is still latent. It is the outward and visible manifestation of slight, attenuated, curable tuberculosis, and is of bacillary origin. The histological structure of erythematous tissue is typical "tubercles." The cuti-

reaction is positive in these subjects and the formation of an exactly similar nodule can be provoked by injecting a minute quantity of dilute tuberculin into the dermis. Erythema nodosum is, then, a bacillæmia which can, of course, be recovered from, but which is none the less an outbreak of bacillary infection and must be treated as such.—*Charlotte Medical Journal.*

The Treatment of Surgical Erysipelas With Tincture of Ioidne.

In his thesis (Paris 1918) Dr. Dechelie describes the treatment he adopted in five cases of surgical erysipelas, two being of exceptional gravity. He made use of tincture of iodine, 1 in 20, which he applied to the area of skin round about the erysipelas patch for a width of about an inch except in the cases where he thought it necessary to paint the whole limb.

He paints it on three times a day, the limb being wrapped at night in a hermetically closed aseptic dressing and he continues the applications until such time as the temperature has returned to normal. In order to obviate the risk of recurrence he paints it on afresh in suspicious spots every other day.

This method of treatment acts first of all on the pain which it relieves, then the raised margin sinks in, the center of the patch loses its vivid color, the glandular enlargement disappears and the general health improves. The five cases thus treated all recovered rapidly.—*Le Monde Medical.*

Operative Treatment of Chorioepithelioma.

H. N. Vineberg (*Surg., Gyn. and Obst.*, 1919, xxviii, 123) says that when a hydatid mole occurs in a woman over forty years of age, it may be safer to resort at once to hysterectomy. In women under that age an anterior hysterotomy should be performed, to remove all vesicles and make a thorough digital exploration of the entire inner walls of the uterus. If under careful and prolonged observation profuse bleeding occurs a diagnosis of chorioepithelioma would be justified. This demands an immediate panhysterectomy for the mild cases which may undergo spontaneous cure are rare. When the growth is discovered while emptying the uterus of a

hydatid molar pregnancy, it is natural to complete the operation through the vaginal route. The same would apply when, in a doubtful case, an exploration of the inner and outer walls of the uterus would be made through a vaginal incision. In most other cases the abdominal route is probably to be preferred, for it causes less traumatism and consequently is less likely to lead to metastasis. Vaginal nodules, if present, should be excised. Even when signs of metastases in the lungs are found hysterectomy should be performed, for there are several cases on record in which the lung symptoms have disappeared after the original growth had been removed.—*American Journal of Obstetrics.*

Obstetric Operations Under Nitrous-oxide-oxygen Anesthesia

E. I. McKesson (*Jour. Ind. State Med. Assn.*, 1919, xii, 8) says that anesthesia carried to full muscular relaxation not only reduces muscular tone in the abdominal and other skeletal muscles but similarly affects all kinds of muscle in the body. If affecting the uterus, it causes relaxation and hemorrhage: if heart, inefficient circulation: if blood vessel, lowered blood pressure: if intestine, flatus and adynamic ileus may result. The fact that extreme muscular relaxation, which causes the above pathologic changes, is very difficult to obtain with nitrous oxide and oxygen, shields the mother from these phenomena, which are sometimes combined in the same patient. If there is an ideal anesthetic for obstetrical operations nitrous oxide and oxygen is this agent. Its transient effect, when removed, permits almost immediate resumption of normal labor; its lack of depression on uterine and other muscle when properly administered: its safety to mother and child; the means at hand for perfusing the child with oxygen through the mother while the cord pulsates, are factors which should decrease fetal and maternal mortality and morbidity in operative obstetrics.—*Amer. Journal of Obstetrics.*

The Three Clinical Types of the Current Epidemic.

Sofre does not refer to the time-honored division of influenza into respiratory, intestinal, and nervous types. On the contrary, his division pertains only to the respiratory type and the degrees

of severity of it. The first type isolated is the febrile, in which fever is the dominant symptom. This is the usual type and the benign type. The disease has no special localizations, and therefore when such co-exist the author makes a second type. The third type is the malignant, or septic. The simple febrile type exhibits a localization in the respiratory apparatus, but this is not a local expression of the disease in the author's sense. Among the latter are the bronchopneumonias, nephrites, etc. The so-called enteric forms also belong here. A special characteristic of these localizations is the tendency to hemorrhage in all. Thus we see nosebleed and melena which suggest typhoid fever, hemorrhagic nephritis, etc. The malignant type, in addition to profound septic and toxic manifestations, is characterized by unmotivated dyspnea. One would imagine that the lungs were the seat of profound lesions, but examination reveals a surprising state of affairs, to wit, absence of anything which could explain this dyspnea. While in the second form with pulmonary location we find classic bronchopneumonia but no unusual dyspnea or toxemia; in the third type the lungs seem quite clear. Not one case of this toxic type can recover. Hence the extreme dyspnea can only indicate the presence of a pseudo-bronchopneumonia. To explain, the author believes that two factors are necessary, the toxemia due to bacillemia and the involvement of the kidneys—in other words, a species of uremic dyspnea. The nephritis in these cases is secondary to sepsis and apparently not due to a special localization of the disease in the kidney.—*Medical Record.*

Unilateral Gynecomasty After Injury to the Testicle.

Apert and Declety relate the following curiosity of medicine: A soldier, aged 25, was wounded in the scrotum in October, 1917. In the following March he was found to have a right breast agreeing in all respects with that of a young girl at the beginning of puberty. Investigation showed that the right testicle had been involved in the injury. Such behavior has been known to follow only mild lesions of the testis—never severe traumatism or total destruction or castration. The precise mechanism cannot be comprehended but both the nervous and endocrinic systems must be involved.—*Medical Record.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Volunteer Medical Service Corps.

The Council of National Defense authorizes the following:

Early in February each physician in the United States exclusive of those who served in the Medical Corps of the Army for the past two years and members of the Volunteer Medical Service Corps, received a communication from the Council of National Defense, requesting that he fill out and return promptly to the Washington office an accompanying questionnaire, so that there may be on file in Washington complete individual information covering the members of the profession. Simultaneously with the distribution of these questionnaires, state and county representatives of the Volunteer Medical Service Corps were instructed to urge all doctors in their communities to comply promptly with the request of the Council to fill out and forward promptly to Washington the blanks sent them; and to advise those who by any chance failed to receive blanks to communicate with the Council of National Defense at once in order that application blanks might be furnished them.

The Volunteer Medical Service Corps was organized early in 1918 to serve the government during the emergency of war. As this emergency has ceased to exist active membership in the corps is no longer solicited. However, the survey initiated by this organization last year has proved of such value as a source of information concerning the individual members of the medical profession that the Surgeon General of the Army, Navy and Public Health Service have requested the Council of National Defense to complete

it so as to include every doctor in the country, in order that a permanent record of the profession may at all times be available for reference in future emergencies. Upon their completion, the records will be transferred to the Surgeon General's library where they will be kept up to date by a force assigned for the purpose, and be accessible to all government bureaus.

Every physician is requested to co-operate with the Council of National Defense in making this record complete by returning at once the questionnaire received or by writing to the Medical Section of the Council of National Defense, Washington, D. C., and requesting that a blank be sent him if through an oversight he did not receive one.

Public Health Service.

The bureau has available a limited number of copies of the following publications which it will be glad to furnsih to those making application for same:

Annual Reports, 1894 to 1916, inclusive.

Weekly Public Health Reports, 1890 to 1914, inclusive.

Weekly Public Health Reports (bound), 1899 to 1915, inclusive.

Failure to receive copies of any of these publications will indicate that the supply became exhausted prior to the receipt of your request.

Respectfully,

Robert Blue, *Surgeon General.*

Joint Influenza Committee.

Washington, D. C., Feb. 20.—A Joint Influenza Committee has just been created to study the epidemic and to make comparable, so far as possible, the influenza data gathered by the government departments. The members of this committee, as designated by the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service and the Director of the Census, are: Dr. William H. Davis, chairman, and Mr. C. S. Sloane, representing the Bureau of the Census; Dr. Wade H. Frost and Mr. Edgar Sydenstricker, of the Public Health Service; Colonel D. C. Howard, Colonel F. F. Russell and Lieutenant

Colonel A. G. Love, United States Army; Lieutenant Commander J. R. Phelps and Surgeon Carroll Fox, United States Navy.

Obituary Notice.

Thomas Addis Emmet, New York City; Jefferson Medical College, 1850; aged 91; a member of the Medical Society of the State of New York; who was appointed visiting physician to the Emmigrant Refuge Hospital, Ward's Island, in 1851; assistant surgeon to the Woman's Hospital in the State of New York in 1885; surgeon in chief of the institution from 1861 to 1872, and since that time visiting surgeon or consulting physician or surgeon to many public hospitals in New York City; an eminent gynecologist who introduced many new operations and methods of treatment; author of a text-book which has been standard for many years on "Principles and Practice of Gynecology"; a world figure in the fight for Irish home rule; who had conferred on him by the Pope the title of Knight Commander of St. Gregory the Great in 1906, and the Laetere Medal by Notre Dame University, South Bend, Ind., as an award to the Roman Catholic whose work had been of the greatest benefit to humanity; died at his home, March 1.—*Medical Record.*

Sodium Hyposulphite in Respiratory Disease.

Iarcho deplores the neglect of this drug which has been so highly commended by Huchard, Ayerza and others. He has used it himself on a large scale in the public hospital, and has been much impressed by its beneficial influence on cough and expectoration, and the improvement in the purulent sputum. He says that it is no toxic and has no by-effects except possibly a slightly laxative action in the sensitive. The usual dose is 2.5 or 3 gm. a day, or 1 gm. for children of 5. He gives it in hot, slightly sweetened water. It is incompatible with acids, salts and especially the salts of lead, silver, mercury and iodin.—*Jour. of Amer. Med. Assn.*

Publisher's Department

A Sedative of Superior Worth.

The reason Pasadyne (Daniel) occupies such a high place in the therapeutic armamentarium of many hundreds of physicians is because of its potency as a sedative agent and its freedom from untoward effects. Thus PASADYNE (Daniel) may be pushed vigorously and no depression or other disagreeable after-effect experienced. PASADYNE (Daniel) is merely a pure concentrated tincture of passiflora incarnata—a safe and satisfactory sedative. Sample bottle may be had by addressing the Laboratory of John B. Daniel, Inc., Atlanta, Georgia.

Cod Liver Oil for the School Child.

Many a child working hard at his usual school tasks shows a tendency to lose weight and with it aptitude for his work. In such cases no better agent offers itself than cod liver oil, and if it can be given in a palatable form, it affords a most successful means of adding to the richness of the bloodstream and increasing the child's strength.

For the purpose Cord. Ext. Ol. Morrhuae Comp. (Hagee) has held high favor for many years, and it may be given to this class of partially debilitated children with every expectation of the best results. Cord. Ext. Ol. Morrhuae Comp. (Hagee) contains the essential properties of cod liver oil and since it is palatable and will not disturb the stomach, it may be continued for long periods without causing distress.

THE RELIEF OF PAIN is a problem solvable by the doctor. But, as many problems are capable of more than one solution, so that of analgesia presents certain difficulities that deserve more than passing consideration.

The use of narcotics or depressants is apt to mask certain important symptoms, interfere with the cardiac, circulatory and metabolic processes and in some instances, expose the patient to the formation of a drug habit. On the other hand, physical therapeutic agents provide a means of securing local analgesia, without any such disadvantages or dangers.

Heat, cold, electricity are useful, and counter-irritation is effective and satisfactory in many nistances. Pain is a sensation, a manifestation of irritation or stimulation of certain sensory nerves, usually referred or reflected from the point of origin to some more or less distant area. Counter-irritation applied to such an area acts to relieve, or greatly lessen, the sensation of pain.

The most effective and, at the same time, least irritating of counter-irritant agents comprise such drug agents as camphor, menthol and methyl-salicylate.

These are combined in "K-Y" ANALGESIC in a greaseless, bland base and secure effective action without the handicap of over-irritation, blistering, or the staining or soiling of the patient's skin or clothing. The depressing sequelae oftentimes attending the exhibition of narcotics, sdatives or depressants are thereby avoided.

The best results are obtainable if the previous application of "K-Y" ANALGESIC is washd off before each additional one is applied. This product is put up conveniently in collapsible tubes obtainable at drug stores.

CHOLECYSTITIS—Chronic catarrhal inflammation of the gall-bladder is much more common than is generally realized. Its main danger undoubtedly lies in its tendency to cause biliary stasis and thus give rise to gall-stones. To prevent these conditions and increase the flow of bile there is no remedy more effective than chionanthus virginica in the form of Chionia. Although highly potent as a cholagogue, Chionia never produces severe or extreme catharsis.

CONSTIPATION AFTER SURGICAL OPERATIONS—The almost complete paralysis of the bowels that often follows surgical operations is a complication the surgeon dreads. As a means of prevention or relief, Prunoids are remarkably effective. Indeed, not a few surgeons, instead of using salts and drastic purgatives to empty the intestinal canal before operatin, now make a practice of using Prunoids for a week or so previous thereto. One or two each night, at bedtime, not only clear out the canal but so increase the tone of the bowel structures that they are able to resist the depressing influences incident to anesthesia and the operation. Tendencies to the so-called "bowel paresis" are reduced to a minimum, and one Prunoid, the second or third day after the operation, is often sufficient to restore the normal functioning of the bowels.

EPILEPSY—The value of Peacock's Bromides in the management of epilepsy has been demonstrated beyond all question, or doubt. Of course, the dose and manner of administration has to be adjusted to each patient's particular needs, but the practitioners who use this preparation have learned to their infinite satisfaction that no matter how large dosage required, or how long the period over which it may be needed, Peacock's Bromides may be employed with absolute confidence, both in its therapeutic efficiency and in its gratifying freedom from "bromism," or gastric disturbance.

Lumbago.

Tr. iodi, aq. ammoniae fort., collodii equal parts.

Use *plain* collodion. Mix iodin with the collodion and afterward slowly add the ammonia water in small quantities, shaking the mixture after each addition. This is a very irritating combinatio and can be left on the skin only a short time.—*Medical Briej.*

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Selected Articles

ENTEROSTOMY AS AN EMERGENCY MEASURE IN THE SURGICAL TREATMENT OF INTESTINAL OBSTRUCTION IN CASES OF GENERAL PERITONITIS FOLLOWING PURULENT, APPENDICITIS.

A. L. HACEBOECK, M.D., AND L. H. KORNDER, M.D., DAVENPORT, IOWA.

Every surgeon experienced in the treatment of appendicitis knows that this protean disease presents itself in one of its most serious aspects when attended by a diffuse peritonitis with intestinal obstruction and distention of the abdomen. These complications often exist before the patient is brought for operation, but also frequently arise postoperatively in purulent ruptured cases. The disease now is peritonitis and no longer simply appendicitis. In this paper it is our purpose to call attention to some facts concerning the management and surgical treatment of such cases, as based on personal experience.

During the past four years, in association with Drs. Stoecks and Maxwell, we have operated in 200 cases of appendicitis. In this group of 200 cases all types of pathologic appendixes were represented. In a general classification, however, there were ninety-nine chronic cases, fifty-one acute, but well walled off cases, and fifty acute, gangrenous and purulent cases, with general peritonitis and no walling off. It is with the last group of fifty cases that this paper concerns itself. The reason for so high a percentage (25) of peritonitic cases lies in the fact that all these patients came for opera-

tion from neighboring smaller communities, often arriving for surgical treatment as late as a week or ten days after the initial symptoms had developed. This fact itself is a potent illustration of the urgent need of surgical intervention in appendicitis as soon as the diagnosis has been made.

PRIMARY OPERATION AND SUBSEQUENT TREATMENT.

As a usual operative measure, no attempt at removal of the gangrenous or ruptured appendix was made unless it was easily accessible and could be removed without much manipulation of the inflamed bowel. Whether, however, the appendix was removed or not, at this primary operation the sole aim was always to establish thorough drainage. Removal of the appendix was merely an incidental matter as compared with the main purpose of the operation, namely, to provide the most ample outlet for the discharge of pus from the inflamed visceral and parietal peritoneum. This was done by placing through the incision three or four rubber drainage tubes as deeply as possible into the abdomen, an additional one into the pelvis, and at least one through a stab wound into the most dependent portion of the abdominal cavity. The abdominal incision was never sutured but kept widely open with gauze packing. After the packing had been correctly placed, deep through and through silkworm sutures were made to prevent the wound from gaping. Thus the bowels were retained securely, while they remained within easy access from without and could be kept under constant observation.

This operative procedure constituted in its essentials our primary operation. The patients were now kept in Fowler's position, and for a period of from twenty-four to forty-eight hours they were given warm saline by the rectal drip method. This is never given continuously but intermittently in amounts varying from 4 to 6 ounces every three to four hours. The continuous method has been found unsatisfactory because of the pain and discomfort to the patient from too long continued retention of the rectal tube, and also on account of the difficulty experienced in keeping the saline at a sufficiently warm and even temperature. Because of the ease with which the gauze packing could be removed from the open wound, opportunities were offered to study the behavior of the small and large bowel. This proved of particular value in a number of cases in which, subsequent to the primary operation, intestinal paralysis

resulting in marked abdominal distention developed. Here it was possible to observe the distended bowel become gangrenous and perforate. Perforation would commonly occur only in one loop of the bowel and very rarely in several.

RESULT OF THE DEVELOPMENT OF SPONTANEOUS FECAL FISTULAS.

Gangrene and distention usually went together. They always preceded perforation. Wherever the distention was most pronounced and the gangrene had progressed the farthest, perforation would occur. But no sooner did a spontaneous perforation occur anywhere, either in the ileum or in the colon, than the distended bowel through this newly formed outlet evacuated much gas and a foul-smelling, greenish fluid. This varied in amount from a few ounces to several pints in different cases. This briefly described picture was observed in ten cases out of the present group of fifty. They were cases that came late to operation and presented not only a ruptured or gangrenous appendix, but also, as a direct result, a generalized peritonitis. Out of this there then developed that twin picture, intestinal paralysis and abdominal distention.

All of these patients had a severe generalized peritonitis. The abdomen was distended and rigid, often so much so that the descriptive expression "drumlike" is no exaggeration. Uncontrollable vomiting existed in combination with almost complete, and often with absolute, obstipation. Enemas gave no relief. In every respect the patients presented pictures of extreme prostration. As soon, however, as a spontaneous fecal fistula developed and a thorough evacuation of the putrefied intestinal contents resulted, this picture of a moribund condition changed perceptibly and rapidly for the better. Vomiting ceased, the abdomen softened, and in a surprisingly short time patients that had appeared at the point of collapse gave hardly a sign of their former grave condition.

All of these patients recovered after draining freely for from three to seven weeks. As soon as drainage stopped a secondary operation, the details of which will be considered later, was done, and soon afterward the patients were discharged cured.

During this time eleven similar cases had been seen in consultation after operation. In these cases there was a mortality of nine. All deaths were due to a general peritonitis and insufficient drainage from the wound. These cases were so serious and far advanced that any further surgical intervention seemed impossible. Here the rup-

tured or gangrenous appendix had been removed, the wound closed in the usual manner, and only a single drainage tube put in place. And again it was noticed that these patients suffered from a tremendously distended abdomen, drumlike rigidity of the abdominal wall, cyanotic lips, and very little discharge from the drainage tube.

These patients were pictures of acute suffering which finally ended in death. Yet the cases differed in no detail from ours until the time that the spontaneous fecal fistulas developed. No sooner, however, had the fecal fistulas developed, and the bowels evacuated their foul contents, than the course was the antithesis of death. Thorough and ample drainage was not the explanation for the recovery, because when the condition had progressed to the stage of complete obstruction and intestinal paralysis, there is no more discharge of pus and exudate from the peritoneum, and at this time no amount of drainage provided is of any avail. These recoveries must rather be ascribed to the perforation of the distended and gangrenous bowel. The development of spontaneous fecal fistulas is the primary cause of the improvement in the clinical course. This received strong support from the two cases seen in consultation in which the patients recovered, in both of which fecal fistulas also developed, and recovery dated from the time when such spontaneous perforation occurred. Out of the nine patients seen in consultation that died, one other did develop a fecal fistula; but since in this case insufficient drainage from the abdominal cavity had been provided, it also terminated in death.

As far, then, as the recovery of these patients of our own series is concerned, it must be considered as primarily due to the development of a fecal fistula which allowed the evacuation of a large amount of gas and foul-smelling, greenish intestinal contents, and secondarily to the early provision for thorough drainage afterward. That the last mentioned point is also extremely important was forcibly brought to mind in the one case in which a fecal fistula developed, but drainage insufficient to carry off the foul intestinal contents and discharge from the peritoneum had been provided.

CONDITIONS WITHIN THE ABDOMINAL CAVITY.

These experiences, with our own and with the consultation cases, led to serious thinking regarding the possible actual conditions existing within the bowel and abdominal cavity. In certain

patients it was observed that the entire bowel was distended, and again in others only small portions seemed to be affected. At times small portions were found which were firmly angulated so as to form short loops of distended bowel that appeared to be almost completely cut off from the remaining flattened portion. Again in some instances no outward signs of angulation were discernible, and still only short loops of bowel were gangrenous or distended.

There seem to be three hypotheses to explain this condition: First, that angulation of portions or paralysis of the entire bowel is primarily due to mechanical obstruction resulting possibly from fibrinous adhesions. Second, that it is due to the laming of the smooth muscular fibers by infiltration of the intestinal wall with inflammatory products from the intensely inflamed peritoneum. And third, that it may possibly be a direct result of absorbed toxins having their effect on the central nervous system and causing a paresis of the muscular nervous peristaltic apparatus. But these are questions the settlement of which is not here attempted. However, we observed that small portions of the bowel, almost always the ileum and rarely the colon, would angulate and become firmly matted together, being at the same time distended and gangrenous. Again, intervening portions showed no such condition beyond that of an inflamed visceral peritoneum. One is tempted, therefore, to believe strongly that the central nervous system plays no causative role whatever, but rather that the entire series of events must be due to local causes. There may be a plain mechanical obstruction due to angulation of the bowel as a result of fibrinous adhesions between intestinal loops, or to a paralysis of the smooth muscle fibers in the intestinal wall as a result of the intense infection involving the mucosa of the alimentary tract as well as its entire serous surface.

Such being the case, why should the surgeon idly sit by and see whether the resistance and strength of the patient is sufficient to overcome this widespread infection? Does it not seem much more logical to open this infected bowel or such portions of it as are necessary, to provide a free outlet for the infected and foul intestinal contents? Since it is sound surgical treatment to open and drain any other portion of the human anatomy in which toxic material collects and threatens life, it certainly must also be considered sound here. All the more is it true if by so doing the patient is directly and almost immediately benefited.

ARTIFICIAL FECAL FISTULAS.

This was the general policy adopted in the extreme treatment of the remaining cases of this group, and artificial fecal fistulas were made in seventeen cases.

Indications for doing an enterostomy, accordingly, have been, first, a drumlike distention of the abdomen associated with uncontrollable black vomiting, particularly when no relief is obtained by gastric lavage; second, the existence of complete obstipation which in no wise yielded to any enema (the pulse and temperature play only a very negligible part in deciding on an enterostomy; many times these fail entirely to indicate the seriousness of the patient's condition); third and most important and as the chief indication any marked diminution in the amount of drainage from the wound.

If there is not a general improvement of the patient with the decrease in drainage, then the surgeon should be in readiness at any time to perform an enterostomy. As a result, the indications for doing this operation may be thus summed up: If the wound is better and the general condition of the patient is worse, enterostomy is imperative.

Our experience with these patients has shown that an anesthetic is not necessary for enterostomy. Since the abdominal wound, except for silkworm sutures, was left wide open, the bowel can be easily reached through this original incision. The one essential, absolutely necessary, is that the fistula be made into a distended or bulging of the bowel. Perforation of a collapsed portion of intestine is of no value. If no well-formed wall of adhesions exists, the bulging loop of intestine is brought up to the incision and sutured with one of two silk sutures into the open wound, and then the enterostomy is performed. Immediately a rubber drainage tube is inserted and sutured with catgut into this opening. The drainage tube is allowed to remain in place until the sutures have been absorbed, when it is gradually withdrawn.

This is not a temporary perforation which is to be immediately repaired as soon as the gas and intestinal contents have escaped, but is meant to be a permanent fecal fistula. It remains such until it closes of its own accord, or, failing to do this, until a future date when a complete secondary repair operation is done.

All of this can easily be accomplished without an anesthetic and with very little discomfort to the patient.

Usually the prostration is so severe that such pain as is caused by one or two sutures to tie the loop of bowel to the abdominal wound is hardly noticed.

It is conceivable that, owing to extensive fibrinous adhesions, complete strangulation of a loop of bowel might occur and result in only a partial evacuation of the foul intestinal contents. However, this contingency was never encountered in our cases. Perforation of a single loop of intestine was always sufficient to remove the obstructive features in these cases.

The cases of artificial fistulas behaved similarly to those formed spontaneously. As soon as a thorough evacuation of the foul contents of the bowel had occurred, a marked improvement in the condition resulted. The abdominal distention was no longer so marked. Black and fecal vomiting ceased almost immediately, and the extreme prostration gave way to a decided feeling of improvement. Patients that had a marked cyanosis, rapid pulse and high respiratory rate returned in a short time to a normal color, slower pulse and moderate breathing.

These enterostomies were allowed to become permanent fecal fistulas. Our idea was not to perforate the bowel momentarily and allow a temporary escape of gas and intestinal material and flora, but rather to provide drainage from the bowel itself until a time when the infection had been overcome and normal peristalsis again established. Therefore, if the fistula did not heal up spontaneously, it was a permanent affair lasting for three to four weeks, that is, until pus drainage ceased and a secondary repair operation could be done.

One objection that can readily be raised against the establishment of a permanent fecal fistula is that a secondary operation may become necessary. In view of the fact, however, that the secondary operation need not be done until the patient has regained his full strength, it can hardly be considered as a valid objection.

Furthermore, it does not always become necessary to close the bowel at the time of the secondary operation, because, if sufficient time elapses, nature often causes a spontaneous closure. In our present group of fifty cases, in twenty-seven of which there were either spontaneous or artificially induced fecal fistulas, seventeen healed spontaneously. In these at the time of the secondary operation it was only necessary to repair the original abdominal incision

thoroughly. This is always done in order to prevent any possibility of a future ventral hernia. In only ten cases was it necessary to sew the intestine at the secondary operation. This was easily done when the opening in the bowel was large by resection of a portion of it, an end to end or a lateral anastomosis being performed. This was necessary, however, in but two out of these ten cases. In the remaining eight we only had to close a small opening in the bowel by subserous sutures.

Out of this total group of fifty cases there were three deaths. Two of these occurred after the primary operation. Both patients had been brought to the hospital in a moribund condition and were operated on immediately, but died soon after the operation. The third patient, a boy of 6, recovered from the primary operation. At this time he had a ruptured purulent appendix, with no walling off whatever and a distribution of pus throughout the entire abdomen. During the night of the third day the patient rapidly developed a distended abdomen, all drainage stopped at once, and the patient became comatose. Our associate, Dr. Stoecks, immediately performed an enterostomy on two bulging loops of the ileum, but death followed soon. These three were the only deaths out of this series of fifty cases of acute appendical peritonitis.

Secondary operations were performed in forty-seven cases. This number includes those that had either a spontaneous or an artificially induced fecal fistula, and those remaining in which the ample drainage proved sufficient to overcome the infection in the peritoneum. In the primary operation of none of these were sutures used except for the deep silkworm sutures that were employed to prevent the abdominal incision from gaping too much. In the secondary operations not a single patient was lost, but all made uneventful recoveries. Most of these still come under our observation from time to time, and in none have any tendencies toward the development of ventral hernia been found.

COMMENT.

While an enterostomy should not be done without due and sufficient cause, when the indications are once present, consideration of the annoyance and discomfort of a fecal fistula and the possible dangers of a secondary operation should not weigh heavily in the

surgeon's mind. It should not prevent him from making use of this final means of saving the patient's life.

The value of an enterostomy in cases of this type was recognized years ago by the physiologist Heidenhain, who, according to our knowledge, was the first one to advocate the establishment of a fecal fistula as a remedial measure. In later years, Lund of Boston advocated enterostomy as an extreme measure of last resort in selected cases in which the patients are practically moribund from septicemia. It is our opinion, however, that the surgeon should never wait until a generalized septicemia from the absorption of intestinal toxins has occurred, but that the curative value of an enterostomy is secured only by performing this operation as early as possible.

Didactic discussions as to whether it is the intestinal obstruction and paralysis or the generalized septicemia resulting from it that kills is of little interest to the patient. What does interest him tremendously is that something be done that will afford him relief. This can be achieved only by removing the toxic intestinal contents. If gastric lavage fails to do this, and if drastic enemas likewise prove impotent, then the only other recourse is to make an artificial opening into the bowel. That a perforation of the bowel is not so dangerous to life as a failure to do this is illustrated in the present group of cases. Out of the entire number of patients that developed or had induced fecal fistulas, there was only one death, or a mortality of 3.7 per cent. We feel confident that this, too, could have been prevented had a fistulous opening been made somewhat earlier in the course.

With the treatment instituted in this group of fifty cases, there were three deaths, a mortality of 6 per cent. This should be compared with a report of from 30 to 40 per cent mortality in similar cases as reported by Kelly in 2,000 cases at Mount Sinai Hospital or with nine deaths out of eleven cases, a percentage of 80, seen in consultation by us.

CONCLUSION.

In the treatment of this type of appendicitis, it is of paramount importance to establish free drainage in order to encourage the discharge of pus and infective fluids from the abdominal cavity. If this is insufficient, and drainage ceases owing to a dry peritonitis so common in intestinal obstruction and paralysis, then the latter

must be relieved by the performance of an enterostomy. It is our conviction that it is not the appendicitis or even the peritonitis, per se, that kills, but rather that it is the toxins which these have caused to accumulate in a gangrenous and paralyzed bowel. Relieve this, and the reward will be the restoration of life and health to the patient in a large percentage of so-called hopeless cases.—*Journal of American Medical Association.*

Use of Calomel in Treatment of Influenza.

During the recent epidemic some rather striking results were obtained by Mann from calomel therapy in a few cases that were indirectly under his supervision. After observing over 3,000 cases of the so-called "Spanish influenza," it appeared to Mann that the disease is essentially a toxemia. Detoxication is one of the many functions of the liver. Acting on the assumption that the toxemia might be combated to some extent by stimulation of the hepatic function by mild doses of calomel, the following procedure was adopted as a routine: (1) Calomel, 1-4 grain, given every half hour for six or eight doses, followed by a mild dose of magnesium sulphate in the morning, or if the patient was very ill, an enema was substituted; (2) Calomel, 1-10 grain, was then given four times a day for three or four days. In many cases where the fever tended to show secondary rises, or to remain high, the administration of 2 grains of calomel in fractional doses was repeated with rather good results. In some cases nausea is caused by these fractional doses of calomel and, if so, it should be discontinued temporarily, although in many cases nausea and vomiting is one of the pronounced symptoms of the disease. The wards which first adopted this treatment presented a much better appearance and a lower mortality rate than the other wards. Also, since the adoption of this therapy as a routine, the ward medical officers are unanimous in their opinion that beneficial action has resulted from its use. The best results were obtained in the early treatment of cases by this method. The cases of influenza that had progressed for some days failed to respond to calomel as readily as the incipient cases.—*Journal A. M. A.*

Extracts from Home and Foreign Journals

Torsion of the Great Omentum During Pregnancy.

J. L. Bubis (*Surg., Gyn., and Obst.*, 1919, xxviii, 33) finds only 131 cases of torsion of the great omentum recorded in the literature prior to 1914, and none of these during pregnancy. In his patient, symptoms appeared when five months pregnant. They were slight abdominal distention, constipation and some fulness in the right lower abdomen, with normal temperature and pulse. Increasing tenderness and pain just above the uterus followed within a few days, with temperature only 99.1 and pulse 110. There was slight abdominal rigidity but marked localized tenderness without palpable mass. Exploratory incision showed the great omentum swollen, edematous, twisted a number of times on its long axis and gangrenous at its lower part. Removal of the whole omentum was followed by recovery without disturbance of the pregnancy. The primary cause of the torsion in this case was probably an adhesion of the tip of the omentum to the cul-de-sac. Pressure from the growing uterus and intestinal peristalsis with congestion of the veins of the great omentum were undoubtedly secondary causes. A localized point of tenderness, normal temperature, pulse and respiration, and the absence of nausea and vomiting in the early stages of pregnancy suggest torson of the great omentum.—*American Journal of Obstetrics.*

The Non-Surgical Treatment of Endometritis.

O'Brien, in *Texas State Journal of Medicine*, writes that the microscopic diagnosis of an inflamed endometrium cannot be made on the condition of blood vessels or stroma, on account of normal cylic changes in these structures, but rather by the presence of round or plasma cells.

Except in cases of uterine polypi, submucous tumors, carcinomata, etc., no inflammation of the endometrium itself is directly responsible for excessive, scanty, or irregular uterine hemorrhage;

in other words, menorrhagia and metrorrhagia are not caused from diseased conditions of the ovaries.

That the nutrition of the uterus is absolutely dependent on the secretion of the ovaries is a proven fact.

The secretions of the thyroid pituitary body and mammary glands also affect to a certain degree the nutrition of the uterus. Excessive secretion of the thyroid has an inhibitory effect on the function of the uterus.

The writer has found that long, thin, wool tampons placed in the cul-de-sac with a dressing forceps through the speculum, the medicated part being placed at the external os and the greater part of the tampon packed firmly enough to tilt forward and support the fundus, gives these patients great relief. The proper placing of tampons does as much or more than the medication, by supporting the fundus, helping the circulation and favoring drainage, especially in the recumbent position. In retropositions of the uterus, constitutional treatment is always indicated, as there is some cause for the relaxed condition of uterne ligaments.

The use of continuous hot douches will work wonders with a boggy, swollen uterus, the mucous membrane shriveling like a washer-woman's hands. These douches should not be given for a perior longer than thirty minutes.—*Charlotte Medical Journal.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Tennessee State Medical Association.

The eighty-seventh annual meeting of the Tennessee State Medical Association was held April 8, 9, 10 in this city. This meeting was regarded as one of the most successful and interesting in its history. The attendance was in the neighborhood of 350 and the sessions were well attended. The meetings were held in Wilson Auditorium of the Y. M. C. A. Excellent papers were read and generally discussed. A social feature, the banquet tendered the members by the Nashville Academy of Medicine at the Golf and Country Club, was greatly appreciated. At the banquet a number of talks on various subjects in which the association is interested were given and were enjoyed. Clinics were held daily at St. Thomas oHspital for the benefit of members. Dr. A. F. Richards, of Sparta, Tenn., was elected President of the Association. and Chattanooga was selected as the next place of meeting.

The Port of Missing Men.

Though the war with its awful holocaust of human life is ended. and the world hopefully resumes the arts of peace, the casualty lists with the long roster of the missing are still breaking the hearts of thousands, and mothers, wives, sisters and sweethearts, swayed alternately by hope and despair, who are eagerly seeking information about the soldiers so close to their hearts.

To ease their sufferings the American Red Cross has undertaken a search for the missing. Its searchlight, thrown on overseas bat-

tlefields, base hospitals, and embarkation camps, has probed the mystery of many a boy's silence and brought news of his whereabouts or death to the anxious family at home.

"Please send me news of my boy," begged the mother of one private. "I only know he has been missing since July 15. It is worse to be in doubt than to know he is killed." The young man's name and his regiment were immediately filed and sent abroad to be added to the searcher's list that is published monthly by the Red Cross.

Searchers travel through the base and military hospitals, through rest camps and embarkation camps, carrying with them their book of missing men. Everywhere they go they get into communication with patients and other soldiers stationed at the same command as the missing men. In a recent case, a young lieutenant was found in Debarkation Hospital No. 3 who knew one of the missing men and had seen him die. His story as written into the record was that Private Sand, the missing soldier, had been killed on July 15th at the battle of the Marne, while saving the lieutenant's life. The news was immediately wired the bereaved mother. She is now waiting to meet the lieutenant for whom her son went to his death and to learn from him the details of the tragedy. And the lieutenant will make this trip to see the boy's mother even before he goes home to his own family.

Golden Jubilee—Victory Celebration Meeting.

The fiftieth annual meeting of the American Medical Editors' Association will be held at the Marlborough-Blenheim Hotel, Atlantic City, on Monday and Tuesday, June 9th and 10th, and will take the form of a semi-centennial celebration and a victory meeting, emphasizing the part which this association and its members have taken in the world's war.

The enthusiasm manifested upon the part of the president, ex-presidents and officers of this association is an assurance of its successful outcome.

A most attractive program is now being prepared, and every physician, even remotely interested in medical journalism, will find it to his advantage to attend.

Regulations Governing the Scientific Research Fund.

The United States Interdepartmental Social Hygiene Board prescribes the following rules and regulations in conformity with that part of Section 6, Chapter XV, Public 193, 65th Congress, which provides that the sum of $100,000 "shall be paid to such universities, colleges, or other suitable institutions as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research for the purpose of discovering, in accordance with the rules and regulations prescribed by the Interdepartmental Social Hygiene Board, more effective medical measures in the treatment and prevention of venereal diseases."

1. Appropriations from this fund will be made only to universities, colleges, or other suitable institutions that give satisfactory evidence of possessing a staff of scientific experts and an equipment of scientific apparatus, supplies, and resources that will guarantee that the researches undertaken will be carried out under approved scientific conditions and in conformity with scientific methods.

2. Appropriations for this fund for scientific research will be made only for definite investigations that are described by the proposers in sufficient detail to satisfy the Interdepartmental Social Hygiene Board that there is a justifiable expectation that these researches "will discover more effective medical measures in the prevention and treatment of venereal diseases."

3. The universities, colleges, or other institutions proposing researches and asking for appropriations will furnish information on the following subjects:

(a) Name of institution requesting appropriation.

(b) Name, office, and address of official representative of this institution.

(c) Title concisely descriptive of research proposed.

(d) Laboratory in which research is to be carried out.

(e) List of more important scientific publications from this laboratory.

(f) Name and concise statement of the scientific training of the laboratory chief or director, or other individual responsible for the scientific policy of the laboratory.

(g) Laboratory staff, giving names, degrees, etc.

(h) Laboratory equipment and facilities, with a concise statement indicating scientific and working capacity of the laboratory. and co-operating laboratories, departments, and agencies.

(i) Description of research proposed; outline plan in sufficient detail to show clearly its scientific character and justify the expectation that it will discover "more effective medical measures in the prevention and treatment of venereal diseases." Include references to important scientific literature bearing on research proposed.

(j) Probable cost. Give general items covering the necessary equipment and supplies, with an estimate of the probable cost of preparing and printing a report. Should not include the salaries of scientific investigators, but may include salaries for technical assistants.

(k) Will this institution be able to carry on the research proposed if it receives no financial aid from the Interdepartmental Social Hygiene Board?

4. Universities, colleges, and other institutions asking for appropriations will furnish the board with a budget made out on forms supplied by the board and will make an accounting of their disbursements in conformity with the rules of the Comptroller of the Treasury of the United States Government.

The United States Departmental Social Hygiene Board, through its Executive Secretary, Dr. T. A. Storey, 1800 Virginia Avenue, N. W., Washington, D. C., announces the following appropriations from the Scientific Research Fund of the Board:

LELAND STANFORD, JUNIOR, UNIVERSITY MEDICAL SCHOOL.

(1) "Investigation into more effective treatment in acute and chronic gonorrhea," under the direction of R. L. Rigdon, M.D., Clinical Professor of Genito-Urinary Surgery, and A. B. Spalding, M.D., Professor of Obstetrics and Gynecology $2,300

(2) "The permeability of the meninges to anti-syphilitic drugs—an attempt to increase their permeability," under the direction of H. G. Mehrtene, M.D., Clinical Professor of Neurology 2,300

(3) "Investigation into more effective methods of treating syphilis," under the direction of H. E. Alderson, M.D., Clinical Professor of Dermatology 2,600

Total $7,200

UNIVERSITY OF MICHIGAN, COLLEGE OF MEDICINE AND SURGERY.

(1) "A research for an improved method of demonstrating the spirochaeta pallida in human tissues," under the direction of A. S. Warthin, M.D., Professor of Pathology....$6,000

Dr. C. S. Briggs, Editor NASHVILLE JOURNAL OF MEDICINE AND SURGERY, Nashville, Tenn.

DEAR DOCTOR: The American Public Health Association will hold its next annual meeting in New Orleans October 6-9th.

The Executive Committee has already begun preparations to make this a banner meeting. With this end in view we take the liberty of asking your co-operation to make it a great success.

The South should have a large representation and we feel you could materially help in this direction by giving this announcement of the meeting a prominent place in your columns.

Thanking you in advance for any assistance you may give us, I am,

Fraternally yours,

PAUL J. GARFIELD,

Chairman Publicity Committee.

SPANIST "FLU" MORE DEADLY THAN WAR.

According to figures just made public, the ravages of the Spanish "flu" and its sequela, pneumonia, among the civilian population in this country have been more disastrous during the four-month period from September to January than were America's losses by death in the military service during the nineteen months of war. It is estimated that a complete census of the number of deaths from this disease in the period named would disclose between 500,000 and 300,000 deaths. New York City reported 27,362 deaths—the largest number given by any one place. However, the mortality rate was greatest in San Francisco.—*Virginia Medical Journal.*

Reviews and Book Notices

Special Number United States Medical Bulletin.

Published for information of the Medical Department of the Service. Issued by The Bureau of Medicine and Surgery, Navy Department, Division of Publication.

Report on Medical and Surgical Developments of the War.

By William Seaman Bainbridge, Lieutenant, Medical Corps, United States Navy Reserve Force. Washington: Government Printing Office, January, 1919.

This is a special number of the U. S. Naval Bulletin presenting the report on medical and surgical developments of the war, by Dr. Wm. Seaman Bainbridge. As giving a thoroughly comprehensive survey of war surgery as practiced in the war it certainly is one of the most valuable contributions to recent medical literature. Every phase of wound treatment from first aid to the wounded to reconstructive and plastic work upon the maimed and disfigured is carefully given. The various new antiseptic treatments of wounds, as that of Carrell-Dakin, the Bipp method, the flavine treatment, phenolization, etc., are demonstrated and discussed. Fracture treatment, amputations, anesthetics, trephining, etc., as practiced in the war theatre are treated of and discussed. An exceedingly interesting feature is the part devited to reconstruction and education of the maimed. We regret that lack of space prevents us from doing full justice to this remarkable report. The lessons to be learned from it by surgeons in civil life are limitless, and the good it will accomplish, both in and out of military service, inconceivable.

Vol. XXI. No. 5. Whole Number 81.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Jefferson College, assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. March 1, 1919. Owners and publishers, Lea & Febiger, Philadelphia, New York. Six dollars per annum.

This quarterly is always received with the heartiest welcome, for we know that it contains the newest and most progressive new things in medicine and surgery. The contents of this number are as follows: "Surgery of the Head, Neck and Breast," by Chas. H. Frazier.

M.D.; "Surgery of the Throat, Excluding Diseases of the Breast," by Geo. P. Miller, M.D.; "Infectious Diseases, Including Acute Rheumatism, Cronpous Pneumonia and Influenza," by John Ruhrih. M.D.; "Diseases of Children," by Floyd M. Crandall, M.D.; "Rhinology, Laryngology and Otology," by George L. Richards, M.D.; "Index." As we have frequently before referred to this quarterly publication as one of the most valuable serials put before the profession, so every number received strengthens our belief, and we urge every progressive member of the profession to subscribe for the publication in order to keep step with the ever advancing progress of the medical sciences.

Placenta Praevia and Abruptio Placentae.

Dr. M. J. Jensen, Minneapolis: Placenta praevia can be considered in two groups: cases in which labor has not begun and those in which labor has already started. The cases in which bleeding begins before labor may be treated expectantly by absolute rest and sedatives. The indications for this treatment are largely in the interest of the child. If sedative treatment has been tried and hemorrhage recurs while labor is not yet started, and in a case of a single profuse hemorrhage, active measures are indicated at once. In every case of placenta praevia and accidental hemorrhage, the strictest precautions for asepsis and thorough preparation, as for any surgical operation, must be carried out. In a certain number of these cases, cesarean section should always be performed: first, in primigravidae and other cases with sufficient pelvic obstruction to prolong labor seriously; second, in cases with a rigid and undilatable cervix, in which the indications suggest a prolonged labor, and third, in most cases of placenta praevia centralis and placenta praevia complicated by eclampsio. In accidental hemorrhage the method which empties the uterus in the quickest time possible without producing shock or injuring the soft parts, dilatation, version and extraction, is the method. Cesarean section should never be done as a routine measure until the child is viable and the mother is a good surgical risk.—*Journal of A. M. A.*

Publisher's Department

April.

Restorvin. No physician can fail to recognize in this combination the ideal tonic and reconstructive. Each ingredient is the type of its class. Phosphoric acid.—Tissue builder and nerve restorer. Hydrastis—Tonic to mucous membranes. Albuminate of Iron—Regenerator of red blood cell . Calisaya—Antimalarial, tonic and febrifuge. Glycerine—Antiferment and emollient. Sherry Wine—Stimulant and tonic. The whole combined to form a delicate, appetizing cordial, which agrees with even the weakest and most delicate stomachs.

"Dependable Heart Tonic."

Cactina Pillets is the most dependable functional heart tonic in use, according to Griffin. One or two Pillets 3 or 4 times a day are very effective.

Auto Intoxication.

To relieve the chronic auto-intoxication that invariably results in some degree from severe constipation, there is no remedy so uniformly effective as Prunoids. One or two at bedtime will not only thoroughly clear out the bowels, but will also increase the functional activity of the intestinal canal that elimination of toxic wastes is assured with benefits of the most far-reaching character.

Taking Up the Slack.

Taking up the nervous slack after an alcoholic debauch is one of the prime purposes of PASADYNE (Daniel). In the extreme nervousness and sleeplessness consequent upon alcoholic saturation of the brain PASADYNE (Daniel) is of the utmost value, and is much resorted to by practical men who handle this class of cases. The sleep secured is refreshing and enables the poor deluded alcoholic to get a grip on himself once again.

A sample bottle of PASADYNE may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

Syphilis in the Debilitated.

A mistake many make is to crowd mercury in debilitated syphilitics because of an obstinate lesion. In all probability in such cases the condition is made worse rather than better by further reducing the patient's resisting powers through increased mercurialization. What these patients need is increased resistance that the natural recuperative powers may be brought to normal, thus permitting better utilization of the specific treatment.

For his purpose a tissue food such as Cord. Ext. Ol. Morrhuae Comp. (Hagee) is indicated and should be employed. In fact, with many physicians the plan of treatment in all cases includes Cord. Ext. Ol. Morrhuae Comp. (Hagee), their logic being that by its use the resisting powers of the tissues are increased and in consequence the disease is diminished in virulence.

NASHVILLE JOURNAL
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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

VOL. CXIII. MAY, 1919. No. 5

Original Communications

The Clinical Value of Garel's Sign.

BY DR. AMEDEE PUGNAT,
Professor of Oto-Laryngology at the University of Geneva.

Translated from the *Journal de Medecine et de Chirurgie Pratique,*
BY CHARLES S. BRIGGS, M.D.,
Nashville, Tenn.

Why success is awarded to certain clinical signs as are from the first recognized while others are ignored which ought to become classic, we do not know. But we can at least correct wrongs and render tardy justice to certain signs which have not been appreciated. We have reference to prolonged painful dysphagia of which our master and friend, Dr. Garel of Lyon, wrote for the first time in 1892, the value of which as a diagnostic sign of syphilis he has contended for from that time until the present, viz: *Every patient suffering from dysphagia at the level of the tonsils and posterior fauces should be regarded as a syphilitic when this condition persists for three weeks at least.* A practice extending over a considerable period has convinced us of the great value of this sign which, when more widely known, will often be of the greatest service, as shown in the following case, where it was demonstrated in the most forcible manner: Madame X. presented herself on account

of a painful dysphagia from which she had suffered for several weeks. We examined her without discovering any lesion. We were a little inclined to attribute as nervous a trouble which was not readily explained at first, but we explored anew the naso-pharangeal region without result. We then thought of Garel's sign and of the disease it signified. With very great care, for the high standing socially of our patient prevented too direct interrogation, we sought for other signs of syphilis. We then learned that our patient had become progressively anæmic for the last six months, that she had suffered with her head, that her strength had declined until she was unable even to ride. The first physician she had consulted had prescribed a tonic with no result. In the South where she passed the winter, spots had appeared on different parts of her body. These were attributed to intestinal auto-intoxication. The winter over, she returned home, weaker than ever, suffering moreover with this tenacious throat trouble which defied every form of local treatment. Some of these spots persisted, and although faint, were distinctly copper- colored and were situated on the anterior surface of the limbs. The diagnosis was now established. It was syphilis in its secondary stage which Garel's sign had made clear, and which clinical examination had confirmed. Wassermann's test, made the day following her return, was clearly positive.

Such is the simple history of a patient which might have caused an error of diagnosis if we had not known of the symptomatic value of prolonged painful dysphagia.

In chancre of the tonsil, which is sometimes so well disguised as to be mistaken for a simple angina, diptheritic or ulcero-membranous or an ordinary hypertrophy of the tonsils, the presence of Garel's sign will remove all doubt. In the secondary stage syphilis may appear in the pharynx otherwise than in the form of mucous patches, whether it produces rapidly a persistent hypertrophy of the palatine tonsils, which differs from simple hypertrophy only in a more marked redness of the gland or the parts become covered with a white membrane which is called diptheritic angina. In these rather exceptional forms, Garel's sign will remove any doubt as to the etiology. So it seems, as we noticed in the case reported above, that sometimes syphilis coincides with a prolonged dysphagia without marked evidence of a lesion in the pharynx.

Garel himself reports a case of prolonged dysphagia in which there was present only a slight redness on the left side of the velum and a faint opalescent tint of both posterior pillars, without mucous patches. In this patient, as in our case, syphilis dated back six months. In the absence of a lesion the sign acquires an importance of the first order, as the history of our patient demonstrated.

In the tertiary stage it is very useful, whether to diagnosticate the nature of a pharyngeal ulceration or to lead to its discovery. It may be that the direct examination may not find it. The presence of dysphagia ought then to direct the search towards the cavity on the floor of the palatine lining of the pharynx where, by means of posterior rhinoscopy, the examiner would not fail to find a gumma on the posterior face of the velum or an ulceration of the vault of the cavity. But the value of this sign is not confined to difficult cases only. It is a means of identification in the more common forms of syphilis. Without desiring to be critical, we are ready to declare that syphilis is often, too often, overlooked. Recently we were called upon to examine two young women, both of whom complained for a long time of dysphagia. A specialist had prescribed for the patients medicines to gargle and had called the trouble chronic angina. The real cause was syphilis, which had located in the tonsils. The second patient, who presented a bilateral cervical adenopathy, was placed upon cod liver oil. Yet at the time her pharynx was constellated with innumerable mucous patches.

It is a fact that the profession does not think enough of syphilis; that it is forgotten that this disease recognizes no social distinction, and, moreover, that the practitioner does not always know how to recognize its throat manifestations. Under such circumstances Garel's sign has the virtue of leading the examination in the right direction and of implanting a justifiable suspicion in the mind of the physician. This sign is more valuable at the present time than at any other period, when syphilis, the daughter of war, is ravaging the whole of Europe, at a time when, as never before, it has become so necessary to combat its inroads, to limit its extension, to the end that the disease may not sterilize life nor exhaust the fecundity of the human race.

What are the characteristics of this sign? It is essentially pharyngeal, generally felt at the level of the pillars

and the tonsils. It is not located in the larynx, which serves to distinguish it from tubercular laryngitis. It is painful and not mechanical, as is the case of œsophageal dysphagia. It is as marked in the swallowing of solids as of liquids and may be caused by the swallowing of the saliva. Its duration varies from three weeks to four months, but it acquires its value as a sign only in cases in which it has existed for three weeks or more. It may appear in all the stages of syphilis. In the secondary period it yields very quickly to salvarsan and in the tertiary to the iodides. Its absence does not imply that syphilis is not present. "Pharyngeal syphilis does not necessarily mean dysphagia but prolonged dysphagia nearly always means syphilis." (Jourdanet.) Nearly always, for as in every physical sign, Garel's sign is not infallible: Other diseased conditions in which dysphagia is present are, calculus of the tonsil, cancer of the pharynx and sometimes ulceration from diabetes. Ninety-five per cent of cases of painful pharyngeal deglutition, according to Garel, are due to syphilis, a slightly smaller per cent, according to my own estimate. Garel's sign does not, of course, dispense with a careful local examination, which should be the deciding test, but the sign is an aid and points the way:

1. In carriers of syphilitic lesions difficult to interpret.
2. In common syphilitic lesions of the pharynx, in which, as a reliable sign, it prevents the diagnosis from going astray.

It is not always easy when we have a pharyngeal lesion to decide whether it is syphilitic or not.

Extracts from Home and Foreign Journals

Kernig's Sign in True Typhoid Fever.

Audibert and Nalin of Marseilles discuss at length the occurrence of this meningeal symptom in sepsis due to Eberth's bacillus. Kernig, the Russian clinician, first described his sign in 1884. He first noticed in the course of meningitis a peculiar rigidity in the lower extremities. As a consequence of such rigidity, if the victim sits on the side of the bed the trunk he will be unable to make an acute angle with the thighs. If the situation is forced the legs become half flexed on the thighs. With this sign we find rigidity of the nucha and trunk. From that period Kernig's sign has often been encountered in meningeal affections. However, it is not always to be elicited in meningitis, while on the contrary it has been seen in nonmeningeal affections and as a result has gradually lost pathognomonic significance. As far back as 1899 it was seen in typhoid without much evidence of meningeal implication. On the other hand, in true typhoidal meningitis it was as a rule present so that the sign became of especial value in typhoidal meningitis. In miscellaneous typhoid taken as it comes, the per cent with a Kernig varies extremely—from 10 to more than 50 per cent. The authors have especially studied the evolution of the sign, the diagnostic and prognostic significance, the relations between the sign and the lumbar punctures, etc. The final conclusions are as follows: Kernig's sign is very frequent in affections due to Eberth's bacillus—in the author's experience in over half of all cases. It appears at the outset of the disease and does not disappear as a rule until convalescence. It is rarely absent in the severe form (save in adynamia after the system no longer defends itself against the disease), but is often encountered in the mildest forms in which there is no participation of the nervous system. Its explanation is to be sought in the action of the disease toxins on the cerebrospinal motor system, but it occurs in association with perfectly normal cerebrospinal fluid. In general it is indicative of a sepsis or blood state and not of a special state of the cerebrospinal fluid. —*Medical Record.*

Differentiation of Early Tuberculosis From Hyperthyroidism by the Adrenalin Test.

For three years Goetsch, of the surgical clinic of the Johns Hopkins Hospital, has been practicing the subcutaneous injection of 7.5 mnims of a 1-1000 solution of adrenalin chloride in patients who present marked symptoms of hyperthyroidism but in whom no positive diagnosis can be made by ordinary methods of examination. If the patient, following the adrenalin injection, reacts with manifest symptoms of hyperthyroidism, Goetsch believes that a positive diagnosis of the condition is justified. At the Trudeau Sanatorium, Nicholson and Goetsch tested forty patients by this method. Of eighteen patients whose diagnosis was "clinical tuberculosis, questionable," ten reacted positively and eight negatively; of sixteen with a diagnosis of "clinical tuberculosis, inactive," nine reacted positively and seven negatively; and of six with active clinical tuberculosis, none reacted positively. The authors conclude that the test is a valuable aid in determining whether the disease from which patients are suffering is purely a tuberculosis, a tuberculosis complicated by hyperthyroidism, or a pure hyperthyroidism. Hyperthyroidism, whether or not associated with the tuberculosis, will give a positive reaction to adrenalin. Tuberculosis, uncomplicated by hyperthyroidism, does not react positively to adrenalin. They feel that in a considerable number of border-line cases presenting symptoms more or less characteristic of both conditions, they can now pick out those suffering with hyperthyroidism.—*Nicholson, Norman Clive. and Goetsch, Emil. The Differentiation of Early Tuberculosis by Means of the Adrenalin Test. American Review of Tuberculosis, April,* 1919, *Vol. III, No.* 2.

Laboratory Findings During the Influenza Epidemic in an Army Tuberculosis Hospital.

Corper and Downing report the results of the clinical bacteriological and pathological work made during the influenza epidemic at Base Hospital No. 16, a hospital for the tuberculous, New Haven, Connecticut. The influenza bacillus was found in the nose and throat of 14 per cent of normal individuals, without symptoms of

influenza; in 28.5 per cent of patients with influenza; in 24 per cent of consumptives without influenza; and 62 per cent of consumptives with influenza. In typical, uncomplicated cases of influenza, the bacillus was found in the sputum in 75 per cent, and in 100 per cent in cases with broncho-pneumonia. In the sputum of influenza patients the bacillus was commonly accompanied by some other organism, most frequently the pneumococcus (types I, II, III, or IV) or streptococcus. The bacilli can be carried for several weeks by people who have not had influenza. They are found more often in the sputum and seem to prefer the lower respiratory tract, thus differing from the ordinary acute cold organisms. Blood cultures were uniformly negative for the influenza bacillus. Leucopenia or a normal leucocyte count was the rule during the first three days of the disease, after which an occasional leucocytosis was found. Necropsy on eleven cases of influenza broncho-pneumonia (seven of which were tuberculous) showed the influenza bacillus in the lungs in ten cases and the pneumococcus in eight. Influenza bacilli were never found in the blood at autopsy, but pneumococci were found in three or seven cases examined.—*Corper, H. J., and Downing, E. D. Laboratory Observations on the Influenza Epidemic in a Government Tuberculosis Hospital. American Review of Tuberculosis, March,* 1919, *Vol. III, No.* 1.

Diagnosis of Syphilis From Spermatic Fluid.

Widakovich and Sires were impressed by the large proportion of deformed spermatozoa found in the spermatic fluid of syphilitics in comparison with normal conditions. In their examination of normal spermatic fluid they found only about 4.54 per thousand spermatozoa with two heads, two tails or other malformations, but in the syphilitics the proportion averaged 26.12, and in one syphilitic of 20, whose infection dated from sixteen months and had been given energetic treatment, the Wassermann reaction veering to negative, 19 spermatozoa were found with two tails, 7 with two heads, 6 with three tails, 7 with two heads and two tails, one with a small head and four tails, one with two heads and three tails, and other pathologic forms to a total of 101 in each thousand specimens. Another young man of the same age and other conditions, free from

venereal disease, had only 11 per thousand pathologic forms. The proportions did not vary much in examinations at different intervals. One man with positive Wassermann reaction whose wife had had two abortions, showed 57 per thousand pathologic spermatozoa but the proportion dropped to 32 per thousand after energetic arsphenamin treatment. They spread small drops of the fresh semen on a slide, exposing it to the fumes of 1 per cent osmic acid until it looks slightly grayish, and drying in the air like a specimen of blood. They stain with a mixture of recently saturated and filtered anilin water (agua de anilina) with as many drops of a saturated alcoholic solution of gentian violet as are needed to give the metallic glitter to the scum on the surface of the fluid. The stain is left in contact for two to five seconds and is then rinsed off for thirty to sixty seconds with running water.—*Journal American Medical Association.*

The Surgical Complications in 1,030 Cases of Influenza.

Dr. C. J. Rowan of Iowa City stated that the 1,030 cases of influenza in which arose the surgical complications to be considered occurred in the student body of the University of Iowa during the month of October, 1918. The barrack life of the Students Army Training Corps was responsible for so many cases among a student population of slightly over 3,000, and permitted an early and close observation of the cases. Of the surgical complications empyema was the most important, which occurred only in the pneumonia cases, of which there were about one hundred, and which was the cause of death in each of thirty-three fatal cases. Appendicitis was not a common complication. Many of the patients had the gastrointestinal form of influenza, and in quite a number of these there was finally pain, tenderness, and rigidity localized in the right lower quandrant. This was marked enough in some cases to have led to the diagnosis of acute appendicitis and to have indicated operation in ordinary times, but he felt that it was extremely important to avoid unnecessary operations in these influenza patients, that the involvement of the appendix was only a part of the enteritis of influenza; that recovery would take place unless secondary infection would be shown by the development of leucocytosis. Two

of the patients did develop leucocytosis, showing respectively 14,000 and 18,000 leucocytes. As soon as it appeared, appendectomy was done in each case under gas and oxygen anesthesia. Whatever the primary cause of the influenza might be, the bacteria mostly concerned in the complications were pneumococci and streptococci.—*Medical Record.*

Autoserotherapy of Influenza.

Aguirre, writing in *El Siglo Medico* for February 8, gives credit for this idea to Valero, who caused the formation of cantharides blisters near the foci of disease and then injected the serum subcutaneously. The technique of the operation goes back to Moduos, according to the author, who injects about 12 c.c. of the blister serum and repeats it soon if no good result is experienced. The presence of a large amount of albumin in the urine is a contraindication, according to Valero, but Aguirre believes that, on account of the great frequency of albuminuria, this may be going too far. If adopted, this restriction would automatically exclude most severe cases of grippe and the balance might be relied on to recover without such treatment. Aguirre tested the remedy on a series of cases in which albumin was absent and saw in from fourteen to thirty-six hours development of crisis or lysis. He is not prepared to say that the treatment offers advantages over other plans, but holds that its use is rational and that a remedy thus grounded should be given a trial.—*Medical Record.*

Pyorrhea Alveolaris.

Maurice Roy (*Dental Cosmos*, September, 1918) considers precocious senile alveolar resorption as the initial lesion of pyorrhea. It is constant and precedes all others. This resorption is of an absolutely general origin, since it can occur independently of any local cause. All local causes, invoked as a source of pyorrhea alveolaris, are only adjuvant causes, since they can exist without pyorrhea, and since this disease—notably at its initial period—can exist in their absence. This would be inadmissible if they played the role of primordial causes. In the absence of any local adju-

vant cause, pyorrhea slowly progresses as long as the general causes exist which provoke precocious senile alveolar resorption. Pyorrhea is established by its primary lesion, precocious alveolar resorption; but it would not reach its advanced state, that which marks the serious period of the disease, if none of the local adjuvant causes intervened to complete the primary lesion. The prophylactic treatment of pyorrhea, leaving out of consideration any general treatment, will emphasize a disregard of all adjuvant causes (disturbance of articular equilibrium, infection, gingivitis, etc). The normal functioning of the teeth affected with pyorrhea is an element favorable to their organic resistance. It should always be re-established, if it has been destroyed. The hygiene of pyorrhetics should always be inspired by this essential principle; that the pyorrhetic pockets are formed around a tooth only when any point of the gingival neck of this tooth cannot be kept in a satisfactory state of cleanliness. The dentist should, therefore, undertake the education of his patients, whose co-operation is indispensable in the prophylaxis of pyorrhea; and, by a regular surveillance, he should treat the slightest complications of the disease. —*International Journal of Surgery.*

The Treatment of Eclampsia.

In the course of an article in the *Memphis Medical Journal* of December 1, 1918, Andrews admits that so far as etiology is concerned, eclampsia is a condition of mystery and theory. So far as the practical management is concerned, possibly no pathological condition presents as little mystery and uncertainty. It is really possible to outline plans of management for most phases of the condition, plans which should be most satisfactory, *if rigidly carried out.* So far as the treatment of eclampsia is concerned, one can really afford to be dogmatic.

For purposes of clarity and brevity, some of these dogmatic rules may be stated at the outset:

1. Veratrum viride will control convulsions, especially antepartum convulsions, at least until measures for cervical dilatation and delivery can be carried out. This drug is almost a specific

for this particular purpose. It is the experience of those who see a considerable number of cases from time to time that either the profession does not realize the importance of this drug, or that its use is not considered advisable.

2. With convulsions of any degree of severity, steps looking toward delivery must immediately be instituted. This is the law of the Medes and Persians, never under any circumstances whatever to be violated. This is a sad obstetrical picture—a woman who has had convulsions for any length of time with a rigid os.

3. Most of the books state that convulsions frequently soften and dilate the cervix. This is most certainly not the experience of Andrews. Some of the most rigid cervices he has ever seen have been in eclampsia. The cervix really seems to share in the general condition of rigidity and lack of relaxation.—*The Therapeutic Gazette.*

Lymphocyte Elements and Tuberculosis.

A vast amount of research work has been published which was undertaken to prove that the lymphocyte elements play a very important part in the defense of an organism against the bacillus of tuberculosis. As Krause correctly states, nothing in this regard is conclusively proved, and we must grant that any evidence we have is possibly only circumstantial.

That any minute foreign substance may be taken to a lymph node or be taken up perhaps by a phagocyte we know, yet when we witness a lymph node arresting a tubercle bacillus or a polymorphonuclear leucocyte engulfing a gonococcus—with at times a resulting destruction of these elements and a triumph for the infecting organism—we believe that usually a battle has been fought.

Now, it is true that any tissue of the body may at times be attacked by the bacillus of tuberculosis and triumphantly defend itself—one tissue better than another—from such attack.

Much research work has proved that the formation of a tubercle in any vulnerable tissue is a defensive mechanism of nature. Of what, then, is such a tubercle composed? It is composed of the giant cells, the so-called epithelioid cells, and the zone of lymphoid or mononuclear cells.

Whatever tissue, therefore, that defends itself against the bacillus of tuberculosis appears to receive the help of the lymphoid cells. Exudates from tuberculous processes also characteristically contain lymphocytes and the contents of cold abscesses suggest the triumphant bacilli may "enslave" the lymphocyte ferments. It is not necessary to inquire here into the origin of the giant and epithelioid cells.

The mysteries of natural processes are often difficult to interpret, yet many such processes are in time easily and reasonably explained. We can hardly conceive that Nature would send the lymphocyte cell into what we regard as a possible conflict unless she needed it there.

It is true at times, especially in "immune" animals, a tubercle may appear to be formed and even absorbed without the presence of lymph cells being noted in corresponding specimens. Yet is it completely proved that not even a few are present possibly very early in the process? The qualities discovered in and attributed to the lymphocyte cell have been related here before, so it is not necessary to repeat them. That immunity to tuberculosis is accompanied by a marked lymphocytosis, or that lowered resistance is contingent on lymphopenia are expectations possibly not proved, yet some investigations appear to decidedly support them.

That important immune and possibly specific processes are provided by the lymphocyte cells we must continue to suspect by virtue of the constant presence of such elements—possibly only as "infantry"—in the conflict of tissues and tubercle bacilli. The lymph nodes themselves must, therefore, also be judged as defensive as well as mechanical hindrances to the development of tuberculosis.

"*Natura non facit inutile aut superflua.*"—*The Journal of Laboratory and Clinical Medicine.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

The Cause of Epidemic Influenza.

In view of the recent world-wide epidemic of influenza an article by Albert J. Croft, M.D., of Chicago, entitled, "Is Epidemic Influenza of Bacterial Origin?" reprinted from the *American Journal of Clinical Medicine*, is very interesting as tending to show the still unsettled question as to the etiology of influenza. In the epidemic of 1890, as the result of the exhaustive studies of Pfeiffer, a coco-bacillus was discovered which was generally accepted at that time as the etiological factor. This bacillus bears the name of Pfeiffer, and by the profession in general is still supposed to be the factor that incites the disease. But in the epidemic of 1918-19, out of which we are just emerging, investigation in all parts of the world has led to the conclusion that the Pfeffer bacillus has not been found in the majority of instances.

No organism has been found, in spite of the most exhaustive research, that could be designated as the primary cause of the infection, while bacteria of various forms could be found in the secretions of the victims of the disease, such bacteria as find a residence at all times on the mucous membranes in persons of a normal state of health.

In this most recent epidemic only a very small percentage of the so-called influenza or Pfeffer bacillus could be discovered From these findings the conclusion is deduced that if influenza is of bacterial origin at all, the organism acting as an etiologic factor is so well entrenched as to defy the most industrious efforts to

identify it. The author claims that the organisms in the course of influenza become activated by some as yet unknown chemic influence which causes the saprophytic germs to become virulent and to bring about the secondary effects of the disease. Dr. Croft denies the bacterial origin of influenza on these grounds:

"1. Because of the extreme rapidity with which it spread all over the globe when ocean traffic was virtually at a standstill.

2. Because of the nature of the disease, which appears to assume the characteristics of some chemical poison."

Indeed, it may be likened to caisson disease. The author offers the hypothesis that the cause is a highly irritating gas in the atmosphere. This atmospheric influence acting upon the different organisms causes them to become actively pathogenic, and thus to produce their effects secondarily.

"The paper closes with the questions: "What are the conditions that occur at certain intervals and which make these organisms virulent? What are the conditions that favor these germs to enable them to incite an epidemic? Even if we did find a suspicious organism in this epidemic and label it as a cause, as Pfeiffer did in the epidemic of 1890, should we be able to explain its appearance?"

So the question as to the bacterial origin of epidemic influenza remains unanswered.

The National Society for the Study and Correction of Speech Disorder will have its summer meeting in Milwaukee on July 4, as one of the affiliated societies of the National Educational Association. Members of the society and invited guests of prominence in the field of speech correction will address the association. Anyone interested to receive an advanced program may do so by addressing the Secretary, Miss Marguerite Franklin, 110 Bay State Road, Boston, Mass.

Walter B. Swift, A.B., S.B., M.D., has just returned to Boston from Cleveland, where he has spent about a year installing and supervising speech correction in the Cleveland public schools. He trained up fifteen teachers who are part-time speech teachers. They do their regular grade work as usual. The part-time speech teacher is one of the unique features of the Swift methods and sys-

tems of speech correction. In Cleveland there are now forty-six classes and over 600 cases under treatment. This Cleveland speech plant is one of the finest organizations of its kind in the country. Having completed this work at Cleveland, the speech movement now passes to the West and South. Dr. Swift will be in Milwaukee, Wis., in July, and Athens, Ohio, in August. He is booked to give informal courses in these two cities this summer.

American Red Cross in the Balkans.

Nish, Serbia, April 3.—(By Mail.)—Nineteen American women doctors are now in the Balkans assisting the American Red Cross in its work of caring for the sick and destitute. These doctors are from the American Women's Hospital at New York, and are located in Serbia, Montenegro and Albania. Already their work has earned the warmest commendation of the government. Some of them have received decorations or been cited for conspicuous service among the soldiers and refugees.

In Serbia, where the most sickness and destitution exist, the following women physicians are at work: Dr. Marjorie Burnham, of Ashtabula, Ohio; Dr. Mary H. Elliot, of New York; Dr. Harriet M. Gervais, of Dorchester, Mass.; Dr. Alberta M. Greene, of Judith Bay, Mont.; Dr. Lulu Peters, of New York; Dr. Marion C. Stevens, of Reading, Mass.; Dr. Regina Flood Keyes, of Buffalo, N. Y.; Dr. Mabel Flood, of Elmira, N. Y.

Dr. Catherine M. Cook, of Washington, Pa., and Dr. Dora E. Bowman, of Kansas City, Mo., are assisting the American Red Cross doctors in Montenegro; Dr. Nell G. W. Bartram, of Huntington, Pa.; Dr. Mary J. Hyndman, of Philadelphia, and Dr. Sarah E. Foulks, of Burlington, N. Y., are doing similar work in Albania.

Time to get after that early brood of flies, says the United States Public Health Service. Better to prevent the breeding of hundreds of flies now than to swat and trap millions of them in midsummer.

"Public health is purchasable," says the United States Public Health Service, and adds that a first-class health protection service can be provided for one dollar per head per year. In fact, some

city health departments render excellent service at a cost of seventy-five cents per head. Let's all get together and give better support to health work in this community.

Still relying on the patent medicine almanac? Better discard it and get the new one issued by the United States Public Health Service, Washington, D. C. Sent free on request.

Uncle Sam will provide sanatorium and hospital care for all the boys discharged from army or naval service, so far as their sickness or disability was contracted in the service of their country. The United States Public Health Service has already undertaken this stupendous task and is busily engaged in enlarging its hospital facilities all over the country. One of the sanatoria will be located at Dawson Springs, a famous health resort in Kentucky. The location of the others has not yet been determined.

The United States Public Health Service submits the following list of "our animal friends" and wonders what we propose doing about it:

Anopheles mosquitoes, which carry malaria.

Aedes mosquitoes, which carry yellow fever.

Lice (with military training), which carry trench fever.

Lice (with or without military training), which carry typhus fever.

Flies, which carry typhoid fever, dysentery and other diseases.

Fleas, which carry bubonic plague.

Tsetse flies, which carry African sleeping sickness.

Hookworm, which is very much attached to man.

Strictly American.

Paris, Feb.—An American Red Cross nurse serving in a French hospital where American wounded had been sent was on duty in her ward when a couple of French nurses arrived in somewhat excited state.

"Come quickly! The American boy in our ward has something the matter with his leg. Every time we move it he says something, and we cannot understand."

When the nurse arrived at the bedside of the American there were a couple of orderlies, several more French nurses and a convalescent patient or two trying to do something to his leg, which was in a cast.

"What's the matter with it?" asked the nurse.

"Nothing. For the love of Mike, call them off. I only tried to tell them it was comfortable."

Keeping Him "Fit."

Our responsibilities to our wounded are not yet over. The Red Cross acts as the people's intermediary. Debarkation hospitals in the large cities adjacent to ports are crowded to capacity and base hospitals are continually increasing their facilities to care for the wounded who come in with every ship.

One of the greatest needs that presents itself in hastening the recovery of these boys is proper recreation. Deprived of the natural physical ability to seek relaxation they are dependent for mental stimulation on the pleasures that are brought to them.

The Red Cross has planned out a program of social and physical recreation suited to the needs of these recovering boys, and calculated to encourage that spirit of cheerfulness which is so great a factor in their recovery.

Games and sports have been arranged for under the department of Military Relief, through their recreational committee. These pleasures are suited to the individual needs of every type of patient. They include film shows, high-class vaudeville entertainments, concerts, educational lectures and such games and sports as may be indulged in by recovering patients. An important feature of this department is the Bureau of Musical Activities, and many have been the donations of band instruments, music and offers of service from music houses, musicians and teachers, who are lending their help in gratifying the desire not only to hear but to create good music that lies in the hearts of our boys. One of the greatest aids to this service has been the donation by different teachers of a definite number of hours each week to provide instruction in the hospitals.

And so, to the question, "Now that the war is done, is the Red Cross work over?" we answer "No, not only is it not over but what

has been done is but a beginning." With past experience to build on and the future needs so plain to our sight, we point down the long road ahead and say with hope, confidence and the joy of service, "The work of the Red Cross goes on."

Victory Meeting.

Reduced Fares for Victory Meeting of the American Medical Association, Atlantic City, N. J., June 9-13.

The chairman of the Passenger Traffic Committee, Eastern Territory, U. S. Railroad Administration, Mr. C. M. Burt, advises that all special reduced fares have been discontinued, and the resumption of such reductions during the coming summer season is not contemplated. However, summer tourist rates will be in effect to Atlantic City, tickets being sold from May 15 to September 30, with final return limit October 31, 1919. Round-trip fares from Chicago will be $49.02; from St. Louis, $57.96; and from other points round-trip fares will be constructed on the general basis of 90 per cent of the double one-way fares to Atlantic City, except that if this makes less than double the one-way fare to Philadelphia, then the through fare to Atlantic City will be double the fare to Philadelphia. A similar announcement has also been received at the journal office from Mr. W. J. Craig, chairman of the Southern Passenger Traffic Committee.

Those who are planning to go to Atlantic City for the Victory Meeting are urged to consult the local ticket agents at their home town for complete information regarding fares and stopover privileges available for the trip. Fellows should not leave the determination of the route they desire to take until just before they are ready to start on the trip. The local ticket agents may have to obtain official instructions as well as special tickets from central points, and arrangements should be made in time so that these tickets may be purchased in time for the journey. These local ticket agents will be able to obtain information and advise you concerning circuit routes which may be available and which may permit making side trips in connection with the journey to or from Atlantic City.—*Journal American Medical Association.*

Publisher's Department

Migraine.

The neurosis known as migraine is especially amenable to the action of Peacock's Bromides. This well-known preparation rarely fails to relieve with gratifying promptitude the exacerbations of headache and vomiting which distinguish these cylic neurotic manifestations. A teaspoonful should be given every two or three hours until relief is obtained.

A Mild Heart Stimulant.

Cactina Pillets are a mild, non-cumulative stimulant and tonic to the heart and may be used in all cases of weakness, including the so-called tobacco heart, arrhythmia, tachycardia, etc., with results of gratifying character. It rests the heart by allaying irritability, and promotes cardiac nutrition, thus imparting strength and tone to the heart muscle.

Jaundice Accompanying Pregnancy.

Frequently the pregnant female suffers from obstinate constipation and torpid liver. Chionia administered regularly during pregnancy will relieve hepatic pain, nausea and vomiting and overcome the lethargy of the bowel. Many a woman owes an easy and uneventful labor to the stimulating effect of Chionia on the hepatic functions, especially the detoxicating power of the liver.

Atony of the Bowel

Prunoids relieve intestinal stasis by stimulating the lethargic physiologic processes of the bowel. The results that follow are consequently more natural and prolonged, with gratifying absence of the disagreeable griping and depression that so often attend the use of laxatives and cathartics.

Indigestion.

The more we study gastric disorders of functional origin, the more evident it becomes that the rational way of treating indigestion is to stimulate the secretory glands to do their own work. Seng is a true gastric secernent, and by activating the glands of the stomach soon affords a relief from disagreeable symptoms that is far more pronounced and satisfactory than is possible from measures that only act as aids or substitutes.

There are probably few physicians in actice practice who are not more or less familiar with, at least, the name of Fellows' Syrup of Hypophosphites. This valuable product has been prescribed by the medical profession for years. Its actual clinical value has been demonstrated too often and in too many hands to admit of any doubt or question.

It is worthy of note, however, that much stress is being laid upon the value of those mineral constituents of food to which the name has been given of "Chemical Foods," such as calcium, potassium, iron, and manganese, which are all actually needed by the body quite as much as proteins or carbohydrates

are. When deprived of a sufficiency of such "Chemical Foods," metabolism suffers. Therefore, to supply such "Chemical Foods" is a logical therapeutic measure, and to supply them in the form of Fellows' Syrup of Hypophosphites is not only logical but valuable because, in addition, the dynamic and cell-activating properties of quinine and strychnine are also secured.

"Chemical Foods" and their uses have been briefly described in an interesting booklet issued by the Fellows Medical Manufacturing Co., Inc., New York, and copy of this booklet, together with samples of Fellows' Syrup, will be sent to any physician on request.

Advantages of Pasadyne.

Its innocuousness, a quality it possesses notwithstanding its singularly potent therapeutic properties, makes PASADYNE (Daniel) of particular value in women and children or for long-continued administration.

When it is recalled that PASADYNE (Daniel), which is merely the distinctive name for a pure concentrated tincture of passiflora incarnate, will perform every service expected of a sedative, then its superiority over the usual run of sedatives will at once be appreciated.

A sample bottle of Pasadyne may be had by addressing John B. Daniel, Inc., Atlanta, Georgia.

Putting Vim Into Chlorotic Girls.

In the case of the pasty-faced, apathetic girl or young woman, who is forever on the verge of a serious illness, for no other reason than lack of vitality and ordinary tissue resistance, cod liver oil is the one therapeutic agent that should be chosen. But these patients cannot tolerate the plain oil by reason of its unpalatableness and a pleasant preparation, such as Cord. Ext. Ol. Morrhuæ Comp. (Hagee) should be chosen. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) contains every therapeutic and nutritional virtue of the plain oil, and as it is palatable and may be continued for long periods, it is the ideal agent for young women of the chlorotic type. It makes the blood stream richer, adds to the power of resistance and lifts them out of the near-invalid class. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is everything that plain cod liver oil is except disagreeable.

Adaptability of Breast Milk.

There is no such stability in the breast milk as in the milk formula in the bottle. It changes not only several times a day and during each nursing, but is influenced and determined by the frequency of nursing, length of nursing and vigor of nursing; that is, it adjusts itself to the kind of baby and the condition of the baby at the breast. How valuable this is when the baby is not feeling well, or needs less energy food, as in summer, all who treat babies know. While a milk modifying laboratory looks impressive with its big pasteurizers and instruments of precision, it is not comparable to the delicate laboratory of a mother's breast.—Julius Levy, M.D.—*Journal American Medical Association.*

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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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Selected Articles

THE GENERAL PRACTITIONER.

BY ONE OF THEM.

Students of eugenics and biological researches generally are loaded to the guards these days with purposeful theories which, if put into operation, would be calculated to uplift and further humanize the race. In fact, we are all now coming out into the open as never before to intelligently discuss subjects once tabooed, especially when these same subjects involve the integrity of our social fabric and the perpetuity of the race—or at least a part of the race. Academic research and fine-spun theories are all right in their way and may be the nuclei for bigger and better things. But it is the man on the firing line, the humble practitioner of medicine, who unearths more food for calm reflection in a single day than does the high-browed academician in a whole year. The common doctor of medicine may not have at his finger tips a vast array of statistics reflecting upon human wantonness and error, but he does have daily hand-to-hand encounters with many things that should not be—but are.

Let us speculate less and specificate more. The incidents cut out of a doctor's daily grind may adorn a tale, and, incidentally, prove illuminating. The telephone is now ringing insistently. Lost in meditation I did not hear its first appeal. Responding to the summons I am ushered into a home where a case of sore eyes in a

baby less than ten days old confronts me. This is the fourth day of the ocular inflammation in the little one. When the lids, swollen, red and sticky, are with difficulty pried apart, out pops a thick, creamy pus. It is a picture that once seen is never forgotten, for it is that distressing type of ophthalmia which affects newborn babes and is always due to a specific cause. Neglected and improperly treated it soon destroys vision forever. In this case the ravages of the disease had progressed so far that, as subsequent events proved, the most energetic treatment could save but one eye. This is the disease that causes thousands of people to go through a world of beauty wearing sightless orbs. It is the cause of most of the cases of congenital blindness and those occurring in young lives. Some of the States now hold physicians and midwives responsible for criminal negligence for the occurrence of this distressing affliction which so often terminates in lost vision—a condition which all agree is worse than death. Ordinary cleanliness at the time of birth may prevent it, but in all suspected cases the instillation into the eyes of a few drops of a mild silver solution will always avert such a calamity. Reduced to a sordid, economic basis it costs less money to save eyes than it does to build and maintain blind institutions.

A little later in the morning of the day in question I am invited to the clinic of a friendly surgeon—he calls himself a gynecologist because he operates on women. I shall speak of only one of the cases seen. A young woman, married two years and the mother of a child one year old, is on the operating table. Since the advent of her babe into the home her health has been on the decline until she is now nearly physically bankrupt. A pelvic disease has resulted in the formation of pus in certain organs and tissues, and this condition necessitates operative interference. She succumbs to the operation, although it is skillfully and expeditely performed. Her young life goes out as a result of a disease which was thrust upon her at a time when life for her had its most roseate settings. It was an infectious disease dating from the incipiency of her marital life, the specific organism having lain quiescent in her system until put into vivid action by the peculiar conditions which are imposed by parturition. Some surgeons tell us that only fifty per cent of the cases of pelvic surgery in women is made necessary by this particular infection, while others estimate it as high as eighty per cent! This

tragic affair speaks for itself and needs no words to add to its horrors. Thousands of innocent women are thus made to suffer and die each year by reason of diseases thrust upon them and which grieves the conscientious physician to so often witness, although powerless to stay its blighting influences.

The public is woefully ignorant on many matters which affect the health and happiness, the weal and woe, of the race, but it labors zealously to suppress many things that are comparatively inconsequential and hardly worth while. For example, "a certain rich man" contributed a million of round American dollars toward the eradication of the hookworm—whatever that may be. A pellagra propaganda has also been set on foot. The latter, by the way, is only a skin disease that sometimes affects old broken-down people in asylums and poorhouses.

Next I visit a woman in an unkempt home where the evening before I had an appointment with the erratic bird yclept, the stork. Now, here is a case where the joys of maternity are a myth and a delusion, for this little anemic woman of only thirty-eight is already the mother of ten. Her body bears many marks and scars as a result of kicks and cuffs at the hands (and feet) of her drunken, brutal husband. She also suffers from chronic varicose veins and a goodly portion of the time her feet and legs are swollen and covered with a mass of oozing sores. Tears well up in the woman's eyes and she trembles with emotion as she tries to talk to me. The new baby must be loved, yet he is an intruder and increases the mother's tremendous burdens. There were quite enough babies in this miserable home without sharing the scant crust with any more newcomers. So long as women will, through the promptings of fear or their conception of wifely duty, cling tenaciously to worthless husbands, there is absolutely nothing doing. This particular case suggests a few things somewhat iconoclastic and not quite in accord with the fixed ideas which the majority of people entertain. One of these is that our already busy divorce courts are not sufficiently patronized by many people in the lower strata of life who happen to have erring mates. Another thought is that the blessings of a family do not always lie in its numerical strength. There are always peculiar and extenuating circumstances that modify many of our affairs. *Better* and not bigger families should be the slogan for a while.

So-called race suicide is a will-o'-the-wisp without foundation or cause for alarm. The great danger lies rather in race deterioration than race extinction.

Next I visit another home where the environment is far from the liking of well-regulated and well-thinking people. The sick boy is below par mentally and physically and has a cleft palate. The other four chidren are none the brightest. But listen! The mother is subject to epileptic seizures, while the father has been without his full measure of mental ballast from birth. This case is the subject for a little hopeful comment. Several States now have statutory provision for the sterilization of certain classes of criminals, mental incompetents and hopeless perverts. The idea is to simply check procreation among the class of people who fill our penitentiaries and insane asylums. The law in these States and in other States where such a law is now under advisement takes the stand that it is better not to be born at all than to be born a criminal, or with a physical or mental infirmity, or with any stubborn vicious tendency. We are overcoming sentiment and are endeavoring to get eugenics on a sane, sensible and humane basis. Charity is one of the best of our virtues, but even charity should begin at the right end. Sterilization has no unfavorable effect upon marital life whatsoever only in the inhibiting of offspring. The operation itself is a very minor affair, and in men so slight that it is performed without an anesthetic.

In the afternoon I receive numerous patients. Many of these are really sick, and through elements of causation over which they haven't the slightest control. But many are ill simply because of bad physical and mental hygiene or a blending of the two. Let us notice this neurasthenic individual for a moment. He is not really sick, yet he is far from being well in all that the word implies. For years he has gone the rounds of both scrupulous and irregular doctors seeking alleviation for ills that he did not possess. He has taken so much medical treatment and thought so much about disease symptoms with reference to himself that it amounts to almost an obsession with him. He is always morbidly impressed by observing vulgar medicine advertisements, such as the man in the newspaper with a back-action sprawl giving an imitation of dying of heart disease. This gentleman is somewhat versatile in his attainments

and is a logical reasoner and thinker, this in spite of all the vagaries he entertains. The disease *idea* is deeply rooted in his mind and he is unable to get rid of it. This idea has become more firmly entrenched by his assiduous though unconscious cultivation extending over many years. But he is nevertheless a man of esthetic tastes and is quite chary about indulging in drugs and nostrums. His troubles are more psychical than physical, and he suffers from melancholia, hypochondria and a state of mental depression. Some kind and conscientious medical man should have years ago endeavored to talk him out of the notion that he is an invalid.

The next case is a man in many ways similar to that of the neurasthenic just described, with the symptoms in this instance greatly intensified. The man has long had a functional disturbance involving his nervous system and his digestive apparatus, but the mere fact that he has continued for many years to live in spite of them indicates that these are not the sort of ailments that kill. He has acquired the patent medicine habit, not realizing that it is the thirty to fifty per cent alcohol contained therein that gives him apparent strength and, incidentally, creates a vague longing for them. A desire for patent medicines and nostrums is simply a desire for alcoholics, the individual perhaps being unconscious of the true status of affairs.

The man with the sallow, apathetic face is a dope fiend. His body in many portions where covered by clothing is rough and scaly and in other regions raw and angry, the result of many jabs of the hypodermic needle. He would like to be cured of a habit which has him bound hand-and-foot, but it is doubtful whether he has the moral and physical strength to hold out against the maddening desire for morphine and cocaine until a cure is effected. This man states that he acquired a habit for narcotic drugs by a physician having administered a number of hypodermics for the alleviation of a pain in the side. After the habit was reasonably well established, but before the victim knew what it really meant, he purchased a hypodermic syringe and learned to self-administer. By the way, narcotic habits are much more frequent since the hypodermic syringe came into general use. The patient begs relief and the physician lulls him into passivity with a hypodermic of morphine. Stomach-ache seldom kills, so it must be readily admitted by all

that it would be better to suffer a little pain than become a drug habitue, commonly labeled a "dope fiend."

If you only had time to wait in the office of the General Practitioner long enough you would see many more types of sufferers who have not the right sort of grip on themselves or who suffer through the perfidy of others. The hysterical woman who ought not to be nervous, the marital misfits and social misfortunes, the babes that are slowly but surely poisoned by improper foods, the people who are camping near the border-line of insanity, the trumped-up pleas of women for shirking the duties of maternity, all these and many more seek the General Practitioner daily.—*Medical Record.*

Treatment of Malaria.

Dr. C. A. Johnston describes a method of treatment with subcutaneous injections of quinine which has given him uniformly good results in years of use in malarial regions. The method of giving the injections must be followed to the finest detail if it is to prove satisfactory. The materials required are: A sterilized, all glass, twenty minim hypodermic syringe with stout needles; half per cent sterile saline solution; sterile three-inch, wide-mouthed test tube; five per cent phenol in oil; pure quinine bisulphate. The patient's flank between the iliac crest and the last true rib is prepared by cleansing with soap and water and smearing with the phenol in oil. Four grains of the quinine bisulphate are put into the test tube and twenty minims of the saline are squirted in from the syringe. Bring to the boiling point over an alcohol lamp, fill the syringe with the solution, dip the needle into the phenol in oil, and when the solution of quinine has cooled to about 100° F., pick up a good lump of cutis vera of the prepared flank between the fingers, plunge the needle into its hilt, sweep its point from side to side through the connective tissue to break down small trabeculae, and inject the solution. Withdraw the needle quickly and massage the spot with some cotton containing the phenol in oil. Repeat daily for five consecutive days in alternate flanks. The patient should also take for one month a daily dose of one twentieth grain of arsenious acid and five grains of quinine, well diluted, the latter being taken in the morning.—*British Medical Journal.*

Extracts from Home and Foreign Journals

Sudden Death After Intravenous Injection of Neosalvarsan.

In the *Gazette des Hopitaux*, Doctors Courtois-Suffit and Giroux published an account of a very unfortunate occurrence that took place in the office of a Paris physician. A young married woman, thirty years of age, affected with syphilis, had consulted this physician with a view of undergoing energetic treatment. Clinical examination as well as a positive Wassermann left on doubt of the nature of the malady and a course of intravenous injections of novarsenobenzol was undertaken, commencing with small doses and increasing gradually at intervals of between eight and ten days. Shortly after the eighth intravenous injection, the patient suddenly complained of feeling ill, convulsions supervened, pulse became small, respiration stertorous, and, despite the usual emergency measures, such as injections of adrenalin and of camphorated oil, artificial respiration and so forth, the patient expired two hours after the intravenous injection had been administered.

Suit having been brought by the family of the patient against the attending physician, Doctor Courtois-Suffit was charged with making the autopsy which, though, gave negative results throughout.

Since the fatal accident had not taken place until after the eighth injection, it is hardly proper to assume an arsenical intoxication, for the reason that, in intravenous injection of arsenical remedies, the elimination takes place promptly. Anaphylactic or anaphylactoid accidents, small intravascular coagules that cannot be discovered during the autopsy, may, on the other hand, explain the death in this instance.

The authors conclude by declaring that they have no desire whatever to criticise the therapeutic procedure of administering novarsenobenzol by intravenous injections, since the efficacy of this method is indubitable and the clinical results are remarkably rapid and good. Moreover such serious accidents, fortunately, are extremely rare. The authors of this article refer to the publication by Dufour, in Paris *Medical* of 1914, on the subject of reflex therapeutic epilepsy

and which possibly might have some relation to the case in point.—*Medical Brief.*

Unusual Case of Hydrophobia.

A male, aged 25, was bitten on the right thigh, three punctures, about October 5, 1918, by his own dog, which had been bitten by a stray dog about a month before. A cow, an ass, a dog, and the man's wife were bitten the same day as he was bitten. Of these, the dog was killed within a few days, the wife died from hydrophobia about a month and a half after having been bitten, and the cow and the ass died a few days later. The patient's wounds healed. He continued his occupation until the morning of February 4, 1919, about four months after his bite, when he felt a difficulty in swallowing and in breathing. He died on the twelfth, nearly nine days later, which Cornwall points out is an unusually long time for the disease to last. —*Jour. A. M. A.*

Peritoneal Drainage.

C. L. Heald (*Surg. Gyn. and Obst.*, 1919, xxviii, 326) states that ideal peritoneal drainage should remove the pus from the bottom of the cavity with the minimum of injury to the patient. A double caliber glass tube with movable gauze wick comes nearer meeting these requirements than any other method. The double tube is ½ inch in (outside) diameter. The lower end is closed except for an oval opening ⅛ inch in its long diameter, ¼ inch from the lower end on each side, and a small opening in the bottom. The longitudinal septum extends to ¼ inch from the lower end. One end of a gauze wick, 1 inch wide and several yards long, is inserted in the upper end of one "barrel," and is pushed down its lumen to the lower end with a small probe, pulled out of the opening in the bottom, the end reinserted through this opening and pushed up through the other "barrel," passing around the smooth lower end of the septum. The tube, threaded with the wick, is inserted to the bottom of the cavity and the wound is closed completely around it. The tube should be long enough to project above the drssings, which are covered and protected by a sheet of rubber dam, through a small stretched

opening in which the tube has been previously passed. The roll of sterile gauze wick in a cloth bag is pinned outside the dressings and covered with a sterile towel. During the first twenty-four hours, at more or less frequent intervals, depending upon the quantity of purulent secretion, the nurse, with sterile-gloved hands, steadies the tube with one hand, pulls the wick through with the other until it comes through dry, cuts off and removes the soiled portion, and replaces the sterile towel, without having disturbed the patient. After twenty-four hours, the tube, having served its purpose, is removed, and replaced by a small "cigaret," or by any form of drain the surgeon may prefer.—*Am. Jour. of Obstetrics.*

Delayed Rotation of the Head.

Remy (*Revue mensuelle de gynecologie, d'obstetrique et de pediatrie*, 1919, xiv, 24) refers to Pajot's law of accommodation in virtue of which the head passes through the pelvis with a typical mechanism. Various explanations are possible to account for this or that change of position, which have to be invoked when for any reason the typical mechanism is disturbed. Thus in internal rotation of the head one explanation makes the osseous configuration the chief factor while another invokes a muscular factor. In certain cases in which internal rotation is not duly executed these factors should be without influence. There is evidently some lack of co-operation between flexion and rotation. The author is interested chiefly in the act of rotation at the last moment when an impending occipito-posterior position is rectified with the head buried in the perineal pouch. He was summoned by a midwife to see a primipara whose pains had stopped. His finger passed between the head and perineum. The sagittal suture was in the transverse diameter with the anterior fontanelle nearly in the center of the excavation. It was evident that flexion had not yet occurred. As the general condition of mother and fetus was excellent the author waited five hours before resorting to forceps. After much pains he lowered the head until the perineum protruded. At this juncture the occiput with forceps in place was seen to turn spontaneously to the rear. The instrument was at once removed, when it became evident that strong pains were present. Everything pointed to a prompt occipitoposterior delivery.

The anterior fontanelle was actually behind the right ischiopubic ramus and the perineum formed a huge pouch distended by the head. A few more pains and the head would be expelled. But here the unexpected happened, for in just two pains complete rotation was acomplished and the occiput was born under the pubis. The perineum was left intact.—*Am. Jour. of Obstetrics.*

Treatment of Carcinoma of the Breast.

H. C. Rutherford Darling (*The Medical Journal of Australia*, September 21, 1918) points out that it should always be borne in mind that the essential thing in the treatment of cancer is to stamp out the disease. All other considerations should be disregarded, with the single exception of the safety of life. It may be said here, however, that the modern operation, as now performed by the most conscientious surgeons, is always to be preferred to the feeble imitations one occasionally sees at the present time. In planning the technic of this operation, one must consider the different elements which have become recognized as essential to permanent success: 1. Sufficient tissue must be removed immediately about the malignant growth, and this must include every particle of breast tissue. 2. All lymphatics and lymphatic glands must be removed without section in one mass. 3. A suitable plastic procedure should be performed, so as to secure union by first intention. There is no question of the truth of the dictum of Watson Cheyne: "The patient's chance is in the first operation, and, therefore, the earlier and the more radical the removal of the cancerous breast the less the probability of recurrence."—*International Journal of Surgery.*

Etiology and Treatment of Exophthalmic Goiter.

Bergh is convinced that the tonsils, nose or throat are often the primary source of the infection causing the thyroid derangement responsible for exophthalmic goiter. He has now a record of eleven cases in which treatment was directed to cure the pathologic conditions in nose and throat, and the exophthalmic goiter subsided. He cites further Salling's report on ninety-seven cases of exophthal-

mic goiter in thirteen of which the disease had followed immediately on an infectious sore throat, and he has found forty-two on record of a similar briefly preceding infectious disease. In three of Salling's cases an acute infectious disease caused the flaring up of the apparently cured exophthalmic goiter, and in twenty others the exophthalmic goiter became much worse after an intercurrent acute infection. No less than sixty of the ninety-seven displayed a tendency to infectious sore throat. In sixty-two of the ninety-seven cases the exophthalmic goiter began evidently as a local process in the thyroid. These data sustain Bergh's assertion that chronic catarrh of the nasal mucosa is not a superficial, harmless thing, but may spread along the lymphatics to the thyroid. Migraine and cephalalgia have been frequently traceable to rhinopharyngitis, in his experience, and now he adds exophthalmic goiter to this group, and sustains his assertions by the success of treatment of the rhinopharyngitis. As clinically normal conditions are restored in the nasal mucosa, the secondary affections subside. He treats the mucosa with massage, and commends the efficacy of this absolutely harmless treatment. It removes the chronic source of the infection, and the process in the thyroid then dies out. The outcome is better in the cases of soft goiter. About thirty-five applications of massage were required in his cases, to never over forty-two.—*Jour. A. M. A.*

Acute Dilatation of the Stomach During and After Anesthesia.

This complication is in reality very rare. When it does occur, it is not rarely fatal.

The dilatation is an indirect effect of the anesthetic, or is due to the patient's swallowing the ether vapor, which, on its entrance into the stomach, distends this organ mechanically, and possibly by its direct action impairs its nervous and muscular mechanism. The great majority of patients save themselves by vomiting or belching, but if the distention is at all severe, particularly if it takes place while the patient is still under the influence of the drug, such automatic measures of relief fail and the surgeon must relieve the stomach as far as possible of its contents.

It is thought by some that active purging of a patient prior to taking an anesthetic tends to predispose the patient to this com-

plication, and without doubt prolonged starvation, induced by disease or ordered as preliminary to the anesthetic, by diminishing vitality may have such an effect. The most efficacious effort is immediate and repeated stomach washings, and the employment of hypodermoclysis and possibly also enteroclysis.

Momentarily putting the patient in a semi-erect or stand-up positions enables the patient to belch. When paralytic distention has actually developed, the best position is flat on the back with a pillow under the buttocks so as to raise the lower part of the trunk above the level of the thorax. Drugs do not seem to be efficacious, not even adrenalin, which has been employed, as have also strychnine and eserine. We have never seen the use of eserine produce good effects, possibly because when it has been tried the patient has been too ill. On the other hand, we have seen it produce ill effects, the patient seeming to go into collapse after its free administration. So far as drug administration is concerned, we believe that strychnine and adrenalin hypodermically probably offer the best result, or, in place of adrenalin, pituitrin. Some of the danger of acute dilatation due to ether can be avoided by the proper administration of the drug. If the drug is pushed when a patient struggles he is very apt to swallow the ether vapor as well as inhale, and, therefore, gastric symptoms, under the modern method of drop anesthesia, are less frequent than they were when older methods were used and when it was customary to push the drug vigorously with what was practically a closed inhaler.—*Medical Brief.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

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All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Public Service—The Physician's Duty.

The professional man generally, and the physician in particular, has come to be looked upon as a public character, owing a direct and peculiar service and duty to the public. He is one of a class of citizens who by education and experience has acquired a bigger, broader point of view than can be attained by the average citizen. His education and training give him an understanding of the interests of groups of people. The average man is accustomed to look to the physician for advice and direction in the extraordinary things of life, the things that are beyond the capabilities and experience of the average individual.

The community today looks to the physician for public service as a part of his job. His standing and influence in the community force the community to look to him for this service. The medical profession has been brought forth from the laboratory and the office and placed in the limelight service. We have doctor-mayors, doctor-aldermen, doctor-governors, doctor-congressmen and doctor-senators. The public life which half a century ago was confined almost exclusively to the legal profession now demands the services of all men with the broad point of view which is conferred by a professional education.

In assuming the responsibilities of public service, the physician is not only performing his duty to the community. He is contributing directly to his own personal and professional success. The physician who becomes favorably known to his community through his public

service, will soon become favorably known for his professional service. By no other means conforming with the ethics of his profession can the physician acquire so wide and so thorough acquaintance with the men and women upon whom his professional success depends as he can by public service.

The physicians of the country have demonstrated their willingness to accept the responsibility of public service during the war period. The self-sacrificing services of the profession as a whole in connection with the formation of the great National Army through the draft, not to speak of the actual field service of the thousands of physicians who served abroad or in the training camps here, demonstrated the public spirit of the profession.

A great oportunity is now before the physician in his character of a public man. The American people are seeking to perpetuate the habit of thrift acquired under the stress and strain of the war period. The success of this movement means a strong, self-reliant American people, independent and able to care for themselves. It means people prepared for the rainy day of adversity or prepared to take advantage of the opportunity which is constantly recurring in American life. It means a better level of moral and financial prosperity in every community.

Every physician should at once join the thrift movement. It is organized by the Federal Government through the twelve Federal Reserve Districts and is represented in every community by a Savings Director, whose duties are to educate his community as to the advantages and oportunities of thrift and to forward the sale of Thrift Stamps and War Savings Stamps which the Government has made available for reducing the thrift campaign to concrete accomplishment.

"My work, my work! I must go to my work!"

Unmindful of self even at the approach of death, Miss Jane A. Delano, director-general of the American Red Cross Department of Nursing, displayed to the very end the spirit that ever dominated her life and these were the last words she murmured before lapsing into unconsciousness from which she did not emerge. Details of the last hours of the woman who mobilized the nursing strength of the nation for war service are revealed in a letter from Col. W.

E. Cooper, Medical Corps, U. S. A., commanding the hospital center at Savaney, France, where Miss Delano died, to Maj.-Gen. Merritte W. Ireland, Surgeon General of the Army.

"Knowing that you are especially interested in Miss Delano's case," wrote Col. Cooper, "I am sending directly to you a copy of her case history. It will seem in this history that she made a very remarkable fight for her life, and I think it is due a great deal to the remarkable personality and will power that she had.

"I really feel that everything possible was done for Miss Delano, and think that her case was quite exceptional in many ways. Everyone, I think, was especially interested in her and did everything possible that could have been done. . . . It was thought at all of the operations that her case was practically hopeless, but she rallied each time, and her life was not despaired of until the last operation when streptococcus haemolyticus infection developed.

"Miss Stimson (chief nurse of the A. E. F.) was down from Tours, and several of the Red Cross representatives from Paris were here. We gave Miss Delano a military funeral, and had what I considered a very beautiful and fitting ceremony. There were about 350 nurses and attendants at the funeral, and probably one thousand people altogether were in the funeral procession. . . .

"Miss Kerr arrived from Washington the same day that the last operation was performed, and Miss Delano, while very sick, recognized her and seemed very happy to see her. The last words of Miss Delano, before sinikng into unconsciousness were, 'My work, my work! I must go to my work!' "

Red Cross Snap Shots.

The following facts will show the rapid and tremendous growth of the Red Cross in its expansion from a domestic relief organization to a world-wide war relief agency:

The first enrollment in December, 1917, brought the Red Cross membership to 22,000,000.

The second fund drive during the week of May 20th, to 27th, 1918, was over subscribed by millions above the hundred million asked for. Contributions to the second war fund drive totaled 180,623,106, more than 88 per cent of which has been collected.

At the end of the fiscal year, June 30th, 1918, 8,512 persons were employed in an administrative capacity at National, Divisional and Foreign headquarters of the Red Cross. More than 8,000,000 volunteers served in the 700 canteens.

Forty thousand persons were engaged in Red Cross Home Service Work, and the amount expended for relief each month ranged from $177,000 to $315,000.

By the end of the fiscal year, the Red Cross, being a recruiting agency for the Army and Navy Nurses Corps, had enrolled 20,530 nurses.

An idea of the extent of the work undertaken by the Red Cross mission to Greece may be gained from the fact that on one day 126 carloads of refugees containing 7,150 persons were provided with 12,500 rations. On another occasion, at Tynovo-Siemen 1,500 refugees were given rations, the sick given emergency attention, 385 were clothed, 1,637 garments were distributed, five refugees were buried and the train started for Dedeagatch, all within five hours.

May 13, 1919.

DEAR MR. EDITOR: The last Liberty Loan drive is now past history. In every drive the Sixth Federal Reserve District has oversubscribed its quota. This is a record justly to be proud of and you personally are due for the lion's share of the credit. Your patriotic work in educating your people to the war and in buying bonds to the utmost has been the determining factor in our success.

On behalf of the U. S. Treasury Department and myself personally I want to thank you for your great work in all the drives and the Victory Liberty Loan in particular.

Wishing you the largest measure of success, I am,

Yours sincerely,

ST. ELMO MOSSENGALE,

StEM::kw *Director of Publicity.*

THE TRAINING OF THE MEDICAL SPEECH SPECIALIST.

By Walter B. Swift, M.D., Expert Advisor Speech Defects. Summary: A rather lengthy article on the training of the speech specialist shows the great value of oratory as giving the speech man an

understanding of the psychology of dramatic development. Special scientific education is shown to be of value in giving the mastery of instruments in a psychological laboratory. As for example the Harvard Psychological Laboratory where Dr. Swift worked for over a year. The value of general medical training gives a medical background for diagnosis. General medical experience gives necessary first hand touch to medical diseases that is necessary in the background of speech. This medical training refers to the regular medical training, not to any of those little schools that imitate the real scientific medical instruction. Special medical training in nervous diseases and with foreign experts and our home experts is weighed in all its phases of value. Then Dr. Swift shows the value of home clinics, teaching, lecturing, and writing as final functions of an all-round development of the medical speech expert in one clinic in the United States where all this training exists as the background of instruction there.

American Medical Editor's Association.

The fifth annual meeting of the American Medical Editors' Association will be held at the Marlborough-Blenheim Hotel, Atlantic City, on Monday and Tuesday, June 9th and 10th, and will take the form of a semicentennial celebration and a Victory Meeting, emphasizing the part which this Association and its members have taken in the world's war.

A most attractive program is now being prepared and every physician, even remotely interested in medical journalism, will find it to his advantage to attend.

Tonsillar Infections.

Nichols and Bryan (*Jour. of the A. M. A.*, No. 30, 1918) state that the tonsils are the principal foci of infection in throat carriers of streptococcus hemolyticus. Cultures taken from excised tonsils show the presence of streptococci in 75 per cent of cases. Crypt cultures show a higher percentage of positive results. Excision of the tonsils renders the throat negative in nearly all cases.—*Medical Brief.*

Reviews and Book Notices

THE BLIND. Their condition and the work being done for them in the United States. By Harry Best, Ph.D., author of "The Deaf and Dumb's Position in Society and the Provision for Their Education in the United States." New York, The McMillan Company, 1919.

We are greatly indebted to the obliging publishers for a copy of this interesting and instructive book. Blindness is one of the greatest misfortunes that can befall a person and our sympathies are invariably enlisted when ever we see one who is bereft of sight. This work shows the condition of that unfortunate class in this country and what is being done for the blind in our country. This philanthropic work is conducted with system that spells success not of course as tendency to restore sight, but to ameliorate the condition and render lives useful for those hopelessly blind. One note we may make here and that is the cheerfulness and the resignation of every blind individual. This work is well calculated to show what is being done in this country and the wonderful results that have been achieved in the objects sought by the work.

ACTION OF VIBURNUM PRUNIFOLIUM.

None of the preparations of viburnum prunifolium, which Hager and Becht tested markedly affected uterine movements, ineither a positive or negative direction. Therefore, they believe that the assertion is borne out by their experiments that as compared with pilocarpin and pituitary extract preparations of viburnum prunifolium must be considered an indifferent drug with no specific action on the uterus. They are convinced that no uniform pharmacologic effect can be ascribed to the drug, for while a stimulation may seem evident at one time. a similar dose under the same conditions produces an apparent inhibition or no perceptible change whatever. The change in the contractions of the uterus which sometimes occur on the addition of an extract of the viburnum prunifolium bark are so slight that the changes may be explained as having been produced reflexly through manipulation of the animal during injection or by the alcohol which holds the drug in solution.—*Jour. A. M. A.*

Publisher's Department

Cold Liver Oil In Debility of the Nervous System.

In debility of the nervous system permitting loose play in the system's functioning, there is pointed indication for an agent of a general nutritional character.

For such a purpose Cord. Ext. Ol. Morrhuae Comp. (Hagee) has shown itself to be of much value. Not only does it tone up the nervous system through offering nourishment to the entire economy, but more narrowly it serves as a direct food agent to nervous tissue itself. This general and specific nutritional value of Cord. Ext. Ol. Morrhuae Comp. (Hagee) gives it a high place as an indicated agent in let-down states of the nervous system. Thus, in the extreme nervousness following a protracted illness, Cord. Ext. Ol. Morrhuae Comp. (Hagee) may be used with the best assurance of success, the debility of the nervous centers being overcome by the high food value of this palatable cod liver oil preparation.

Sleeplessness Due to Excessive Mental Effort.

In those cases of business men and others who suffer from sleeplessness and marked nervous irritability, as a result of intense mental effort, an effective yet safe hypnotic must be chosen. Pasadyne (Daniel) is peculiarly fitted to serve in these cases by reason of its pronounced power to bring about sleep and its freedom from the disagreeable and harmful influences of certain other somnifacient drugs.

The doctor using Pasadyne (Daniel) need not have any fear that it will produce symptoms of an evil character, nor is its use followed by a habit, and yet it is potent in its desired effect. It produces restful and natural sleep, for which reason it is of distinct advantage in this class of cases. Pasadyne (Daniel) is a concentrated tincture of passiflora incarnata and nothing else. A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

Epilepsy.

Bromides are unquestionably our most effective remedy in the treatment of epilepsy, but they are not always well tolerated. Peacock's Bromide, however, are combined in such a manner that while possessing maximum efficiency they are free from the objectionable effects common to ordinary bromide preparations, even when administered over long periods and in large dosage. They do not impair the digestion, nor depress the heart and nervous system, and do not produce the skin eruptions that are so prone to develop following the use of bromides of doubtful quality.

Strengthening the Heart Action.

It has been demonstrated conclusively by clinical experience that Cactina Pillets reinforce and support the heart. A Pillet every two or three hours will soon produce a pronounced tonic effect on the cardiac muscle, with corresponding improvement in the regularity and strength of the heart's action. Cactina Pillets are non-cumulative and can be used as long as may be necessary in chronic cardiac disorders, without a single ill effect.

Constipation After Surgical Operations.

Prunoids may be employed after surgical operations with every confidence in their power not only to prevent the paresis of the bowel, which frequently follows abdominal surgery, but also to overcome this condition when it develops. Used properly, Prunoids incite the physiologic activity of the intestinal canal and impart tone to the muscular structures of the intestine. They are especially adapted, therefore, for relieving the bowel condition that often follows abdominal operations, and may be relied upon to restore the intestines to their normal function.

Jaundice.

In simple hepatic jaundice, as well as in the so-called catarrhal jaundice, Chionia gives uniformly satisfactorly results. This is because it is a true cholagogue without purgative action. One to two teaspoonfuls three times a day will soon cause the bile to flow freely, with early restoration of the detoxicating action of the liver.

Enfeebled Digestion.

There are many persons whose digestion is enfeebled, and undoubtedly the conditions caused by the war have had the result of making this number much more numerous. Seng is particularly valuable in these cases as it will promptly stimulate the glands of the stomach, and in combination with a judicious regulation of the diet may be depended on to soon bring about an increase of digestive activity.

Sneeze.

A sneeze is simply the explosion of wind through the nose, but it effects many things. It has lately proved to be a cure for and preventive of adenoids. It is also the recognized preventive of the common cold and the deadly influenza plague.

The germs of these diseases lodge in the nose and throat. If nose-breathing is indulged in as it should be, then the nose will be the main channel of access for the bacilli to the system. They will lodge in the secretions of the nasal orifices, and sneezing will expel them.

Hence let sneezing be encouraged, but see that the sneeze is accompanied by the use of a handerchkief, otherwise the air and others who breathe it will become infected. Sneezing is more effective than mere nose-blowing. It is nature's way of accomplishing a purging task.—*Practical Medicine.*

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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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Selected Articles

A PLEA FOR GREATER CONSIDERATION FOR THE OPIUM ADDICT.*

BY C. B. PEARSON, M.D.,
Baltimore, Md.

(Reprint of an original article published by the *New York Medical Record*, February 22, 1913.)

I define the opium habit as an imperative demand of the system for opium, followed by mental and nervous collapse, insomnia, loss of appetite, vomiting, cramps in the bowels, profuse perspiration, extreme restlessness, extreme prostration, and sometimes death when this demand remains too long unsatisfied. I mean by opium, opium in any form or any of its derivatives.

My excuse for writing this article is that there are still many physicians who look upon patients presenting the above picture with indifference. And because there are still many who make light of the shock caused by sudden withdrawal.

Furthermore, my high percentage of permanent results in treating even very bad cases who have never before been treated, and my low percentage of permanent results in treating those who have relapsed after passing through the so-called "quick" methods of treatment, leads me to think that, aside from the immediate shock and suffering, there must in many cases at least have been perma-

*Published by request.

nent damage done to the central nervous system. I believe that the police or jail physician who refuses opium to addicts under short sentence or detention is not only doing no good whatever, because a short detention can produce no cure, but is doing something so brutally inhuman as to be out of touch with the civilization of the twentieth century. And, furthermore, he is placing a human life in danger, for they certainly do die sometimes; but, more than all this, I firmly believe that he is doing these poor wretches, who are already sufficiently unfortunate, permanent damage.

I have talked with many women who have given birth to children, who have also endured the suffering of opium withdrawal, and all say with one accord that the suffering of childbirth is not to be compared with it. Any addict who finds himself in jail or police station would much sooner endure the suffering caused by starvation or thirst than be deprived of his opium. And yet if our prisoners were deprived of food and water the whole country would at once be up in arms, and if they knew as well just what suffering the deprivation of opium meant to the imprisoned addict they would be equally indignant.

Where prisoners are to be confined for long periods of time, a cure or death can be brought about by absolute withdrawal. It is just as easy to bring about the cure by humane methods as in any other way. As for myself, I could not endure the sight of the unnecessary suffering caused by absolute withdrawal, any more than I could stand by and see a leg amputated without anesthesia where there was no contraindications to its use.

Our judges, from the country justice to the supreme bench, should know something of opium addition in order that when they have any dealings with this unfortunate class they may be able to give intelligent expression to those humanitarian instincts which they usually possess. Our legislators also should know more about the matter. Their efforts in many cases, it seems to me, are crude and amateurish. In many cases the laws passed seem only to annoy and distress the unfortunate addict rather than to restrict the spread of opium addiction.

Remember that it has been found difficult to stamp out the use of alcohol, and alcohol is more bulky, it is harder to conceal in

transportation, and its influence upon the individual is far more easy to detect.

A rigid enforcement of an unwise law would force the trade out of the hands of the legitimate druggists into the hands of a set of scamps who will not be restrained by conscience or anything else. And when that happens opium addiction will spread faster than it does now. Because such parties, being exposed to risk and danger, will naturally try to increase their business as a compensation for the risk.

The respectable druggist has no wish to increase his opium trade. Perhaps the most humane and at the same time restrictive law that could be passed would be registration of all addicts with the public health officials, and compelling the former to get an order from these officials whenever they wished to purchase a new supply. And physicians should be restricted to prescribing therapeutic quantities for strictly therapeutic purposes. But the actual addict should not be debarred from procuring his needed supply. It should be remembered, however, that no matter what laws are passed, as long as pain and suffering, insomnia, acute and chronic alcoholism are with us, opium addicts are bound to be manufactured.

And it should also be remembered that the causes just mentioned always have furnished, and probably always will furnish, the great majority of addicts. The number of recruits furnished by ignorant self-prescribing, by nostrums containing opium, and by the opium smoking dens, can, I believe, be lessened by law.

On account of the extreme sensitive and secretive nature of the opium addict, even as humane a law as the one I have suggested would, I believe, open a lucrative field for illicit dealers in opium. And these parties, as I have before mentioned, can be depended on to do all in their power to extend their trade. There seems to be a tendency in our law-making bodies to attempt to remedy all sorts of evils by legal enactment. Whether they are right or wrong in this is too profound a question for my philosophy to solve.

I believe, however, that I am safe in saying that we should not lose sight of such old and tried means of civilization and uplift as home training, the school, the church, and the press. Our own profession should, and I believe is, exercising all due precaution. Before we assume a carping attitude toward the profession let ue re-

member the heartrending pain and suffering that the profession comes in daily contact with. As long as conditions are as they are, errors of judgment are bound to ensue and opium addictions bound to result. Even though these occur but rarely, when we consider the vast extent of our country, the sum total must be a large army of opium addicts.

So far as our National Congress is concerned, if its members think that the import duty on opium has a tendency to restrict opium addiction they are mistaken. Opium is never expensive to the beginners. It is only after the poor wretch is firmly enmeshed in its clutches and after the ordinary therapeutic doses have been multiplied forty to three hundred times, that the price begins to pinch. If revenue is the only consideration, let me humbly remind them that in many cases revenue comes from poor women who have to earn their opium money, feeble as their health is, by taking in washing.

In all our public institutions, asylums, penitentiaries, almshouses, homes, etc., humane consideration should be given the opium addict. The very old and feeble should be given enough opium to keep them comfortable. The others should be treated by methods that are at once humane and rational.

I have only a few words to say about treatment. In the first place, no matter what has been advertised or what anyone says, there is no such thing as a specific for opium addiction. Those who advocate the various quick methods do so perhaps to have the matter over quickly and save time. If we reckon time from the beginning of treatment until complete convalescence, by far the quickest method of treatment is intelligent reduction, so adjusted that the patient may be comfortable throughout the entire course of treatment. Then, again, many advocate the quick methods because they imagine that no improvement can take place until all the opium is out of the system. This is a mistake. I have had patients gain forty pounds by the time the last dose was withdrawn. Others advocate the quick methods because they imagine that so much suffering is necessary anyway.

If the problem of reduction is looked upon as mathematical rather than therapeutic, there will, indeed, be suffering enough. Rightly handled there is very little. Three-fourths of my patients

say that they are more comfortabe under my care than when taking the drug themselves. Others still advocate the quick methods because they are easy to apply; a poor reason. Certainly the patient who has gained forty pounds by the time the last dose is withdrawn is in better shape to withstand the dangers of relapse than the one who has lost twenty pounds undergoing the trying ordeal of a quick method of treatment, and whose nerves are wracked to pieces.

I do not recommend this system of treatment as one that any tyro can pick up and handle successfully. Its technique must be mastered by close clinical study, preferably under the instruction of one who is master of all the details.

What is Necessary in the Sick Room.

Three necessities which are indispensable in a sick room are sunshine, fresh air and cleanliness.

Sunlight may be shut out for days, but except in rare cases it is a welcome guest sometimes during convalescence; it has wonderful power to cheer and invigorate the patient mentally and physically. An open fire is first cousin to the sunshine, and is a valuable aid to ventilation.

Fresh air comes next. It is well that people have graduated from close, stuffy rooms, and the "breath of air" that was supposed to chill the patient, and have learned to leave the windows open a few inches night and day at the top, not below, and the fresh air circulates gradually down into the room, instead of blowing directly on the patient.

Should the invalid cling to the worn-out theory of "not changing the air of the room," you may circumvent him by opening a window in an adjoining room, and the fresh air will enter without his knowledge. Of course, if the patient objects to the windows being raised in his room, convalescence would only be retarded by thwarting him, but "where ignorance is bliss, 'tis folly to be wise."

Cleanliness should be observed at all times. Soap and water and clean clothes go far toward making an invalid feel more cheerful and take a more optimistic view of his condition.—*Medical Brief.*

Extracts from Home and Foreign Journals

Operations on Diabetics.

Blum distinguishes between the surgical affecions which are quite independent of the diabetes and those connected with the disease. The general rules of surgery apply to the former, but with the lesions determined by the diabetes or connected with it, preliminary dietetic treatment is imperative. In the milder forms of diabetes, the results can be only favorable. In the graver cases, energetic dietetic treatment should be given for forty-eight hours at most, carbohydrates one day, fasting the next. Then the operation should be done without further delay if it is deemed wise to attempt it at all. It has been his experience that surgical complications set up a vicious circle in diabetes. His experiments and clinical research have shown further that chloroform is especially harmful and should never be used for diabetics. Diabetic coma after ether is also not infrequent, although many surgeons have performed successful operations under ether. Local and spinal anesthesia would be preferable if it were not for the emotional shock of the intervention which counterbalances the advantages of abstention from general anesthesia. Sodium bicarbonate should be given by the mouth or vein as long as the danger of coma persists.—*Journal of American Medical Association.*

Misdeeds of Wassermann Reaction.

Thirbierge (Presse Medical) states that for more or less obvious reasons, which will occur to everyone at all acquainted with the technique and results of the Wassermann test, that overconfidence should not be placed in this reaction. It should not be depended upon as a guide for treatment during the first year of infection, but it may be applied occasionally during that time as an indication as to whether or not the treatment should be intensified. It should not affect the rule against marriage before four years after infection, except to lengthen this time where it is positive. If, however, the

initial treatment has been vigorous, and repeated tests give a negative reaction, it might be safe to marry three years after inception. —*Charlotte Medical Journal.*

Indications for Operation with Enlarged Prostate.

Pirodini has been applying his method of experimental azoturia in the classification of "prostatics," and has drawn what he thinks are important deductions therefrom in regard to the treatment. This is particularly important as the kidneys suffer more than any other organ from the effects of transvesical prostatectomy, and as the ureter catheter cannot be used with hypertrophied prostate, and both kidneys generally have been more or less damaged in consequence of this hypertrophy. He applied the test in forty cases of hypertrophied prostate, and also in a number of other persons normal or with kidney or bladder disease. (The test is ingestion of 10 gm. urea, in 300 c.c. distilled water, as described in *The Journal* 68: 496, 1917.) This is a physiologic functional test, as urea is a natural constituent of the urine. He found that 45 per cent of the prostatics responded normally to the test azoturia; 32 per cent gave a very defective response, and the rest gave an intermediate response. They could thus be classed in three groups. Those in the first group with limpid urine outside of the periods of acute retention, with normal response to the test azoturia, should be operated on at one sitting, unless there are special visceral lesions. With a defective or very bad response to the urea test, the operation should be done in two sittings, and there should be a period of preparation, retention catheter and hypogastric drainage. In this group, with very bad response to the urea test, the benefit on the part of the kidneys from the preparation may not be so great as anticipated. The general improvement may far surpass the improvement in the kidneys, and this may render the operation a success. The patient may long survive without ever presenting symptoms of renal insufficiency, although it is scarcely probable that the functional balance has been completely restored. An operation at one sitting might be justified even for prostatics with a rather poor response, provided the preparation for the operation had been long and thorough. This functional subdivision of cases of hypertrophied pros-

tate into three groups or stages is thus a reliable guide for the management of different cases, as he shows by the detailed history and the outcome in a number of instances.—*Journal of American Medical Association.*

Styes.

A stye is due to an infection of the root of the eyelash. It is advisable to clean the margin of the lids with soap and water or with borax acid solution and then to apply a yellow oxide of mercury ointment. Most of the proprietary ointments for styes contain oxide of mercury. Ofttimes styes can be aborted by touching the hair follicle with carbolic acid or a strong solution of sulphate of zinc. No one but a medical man should make such an appilcation. It is too hazardous for a layman to undertake. The eyes should not be poulticed for styes. To do so is to spread infection to other eyelashes and to cause a succession of styes. Whenever styes come repeatedly it is reasonably certain either that glasses are needed or else that some constitutional treatment is demanded.—*Medical Brief.*

The Nervous Child and His Management.

Dr. E. Bosworth McCready of Pittsburgh presented this paper, in which he made the statement that nervous inadequacy was the rule rather than the exception in modern life. Nervous stability of the adult was dependent on hereditary endowment and on the stimulative forces of nature and nurture. The modern home was often conducted with no thought of furnishing a suitable environment for the child. Nervous instability occurred as a result of (1) hereditary deficiency in development forces; (2) hereditary deficiency aggravated by inadequate stimulus through nurture; (3) malign factors in the environment affecting an hereditarily sound constitution in which the stimulative development forces were adequate, or in which there existed an insufficincy or perversion of stimulative forces. Early childhood was the time for the institution of corrective measures. Corrective measures should aim to stimulate developmental forces and to remove or counteract malign factors in the environ-

ment. Such measures might be broadly grouped under medical, hygienic, and educational. Tonics, alteratives, and organic preparations were of value in medical treatment. In outlining a plan of treatment for the nervous child he stated that first a proper environment must be secured; to gain this end it was often necessary to remove the child from his customary environment. A large percentage of children in well-to-do homes were undernourished. One of the first essentials in the treatment of the nervous child was to see that he had a properly balanced ration and was receiving a sufficient quantity of food. Other essentials were exercise and fresh air. Life in a modern apartment was a pest for anyone and an abomination for the child. He advocated the return to a fairly primitive form of life. Seguin had said many years ago that they should teach nothing from textbooks that could be learned from nature, nothing indoors that could be learned from nature, and nothing from dead nature that could be learned from living nature. The time would come when that plan would be carried out with the modifications necessary to meet the needs of the time. Garden schools and fresh air schools were a step in that direction and the results already demonstrated in such schools warranted their further development. —*Medical Record.*

The Treatment of Malaria.

Nocht gives a summary of his principles of treatment of paludism and considers also some other questions related to them, such as becoming accustomed to the drug, the mode of action of quinine (this is not a direct toxic for the plasmodium), the drawbacks of quinine treatment when too intense or when uselessly prolonged. Nocht follows the treatment outlined: quinine is given for eight days in the daily quantity of one gram divided into three, four or seven doses, then a pause of four days, then three days of quinine, next a pause of four days. This is continued for six to eight weeks at the maximum. Intramuscular or intravenous injections of quinine only do away with the digestive disturbances and are only indicated when these arise. Arsenic preparations (salvarsan, neosalvarsan, arsalyle) are to be resorted to as alternating drugs only. They are especially indicated when the young parasitic forms of the disease

or febrile paroxysms occur during quinine treatment. Methylene blue and other drugs which have been proposed offer no advantages. From the viewpoint of prophylaxis, the writer is most interesting in his remarks. Prophylaxis is of value, especially from administrative and military aspects. It has the advantage of distributing the patients more uniformly, thus preventing massive and simultaneous contaminations. But the writer believes that subjects who have been given prophylactic treatment are very prone to suffer from aggravated forms of malaria and a prolongation of the disease if they eventually contract it.—*Medical Record.*

Rest and Exercise in Pulmonary Tuberculosis.

Prefacing his remarks with a short historical review of the emment of rest and exercise, Kinghorn, of Saranac Lake, works out with great detail and precision the application of these agents in the treatment of pulmonary tuberculosis. He inclines to the most rigid use of rest with practically no exercise to be allowed if the patient's temperature exceeds 99 degrees. Only the lightest exercise is to be permitted under any circumstances until a long period has elapsed after complete disappearance of symptoms and the patient's disease has been arrested without question. Many minutiae of treatment are gone into and the views of others are given adequate notice and comment.—*Kinghorn, Hugh M. Rest and Exercise in the Treatment of Pulmonary Tuberculosis. American Review of Tuberculosis, June* 1919, *Vol. III., No.* 4.

Extrauterine Pregnancy Following Resection of the Tube and Insertion of Catgut to Keep It Open.

E. H. Tweedy (*Surg., Gyn. and Obst.*, 1918, xxvii, 563) reports a case of pregnancy in the ampulla of the right tube of a patient who, on two previous occasions, had had this tube resected. He says that salpingitis, with or without apparent occlusion of the tubes, constitutes a very usual cause of sterility. Ordinary tube resection, with or without the formation of an artificial os, fails in al-

most every instance to provide a permanent passage to the uterus. Failure to transmit the products of conception may be present in a tube which shows no gross abnormality. The lumen of a tube can with certainty be kept permanently open by the insertion of catgut through it. The shorter the tube is made the less likely will it be that its lumen arrests the passage of the ovum. A loss of peristalsis will cause arrest of the ovum in the tube and predispose to tubal pregnancy. Chromicized or iodized catgut which is employed to keep the tube open is a likely cause of salpingitis with consequent loss of peristalsis. For this reason the writer presents closure of the tube by inserting ordinary catgut. He threads this through a long, fine glover's needle, permitting the catgut to pass the eye by only one-quarter of an inch. The blunt side of the needle carrying the ligature is inserted through the lumen of the tube into the uterus or as far down as seems expedient. The thread is then pulled until it is felt to have left the eye and the needle is gently withdrawn, leaving the gut in position.—*Amer. Journal of Obstetrics.*

Dietetic Treatment of Cancer.

Sentanni's article was summarized in *The Journal*, October 26, 1918, p. 1446, when published elsewhere. As stated in the abstract then, he declares that the results realized by his experiments constitute the most definite that have been accomplished by modern cancer research to date. He reiterates further that there are always two factors involved in malignant disease, the special local anomaly, which imparts to the cells the capacity for tumultuous multiplication, and the lack of adequate defensive forces which normally would check any such tendency to unbridled proliferation. From this point of view, cancer may be classed as a constitutional disease. The constitutional defect is revealed by the inability to curb the tumor growth. In his dietetic experiments he aimed to suppress from the food or denature by excessive heating only those elements which promote growth. He removed the larger part of the tumor and then, under dietetic restrictions, what was left of the tumor gradually atrophied instead of developing recurrence as otherwise would occur. As Ehrlich said, the fate of a tumor

is determined by the differential of reciprocal nutritive avidity between the cells of the tumor and the other cells of the organism. This differential is extremely variable but, in any event, tonics and strengthening diets, especially milk, act in malignant disease like throwing oil on the fire. The human organism is peculiarly susceptible to dietetic deficiencies, and this promises well for dietetic influencing of cancers, especially when supplemented with other growth-depressing agencies.—*Jour. of Amer. Medical Assn.*

Anthrax Cured by Neosalvarsan.

The idea of anthrax which obtains today is that the non-septic forms are amenable to various kinds of treatment, some of which may be quite simple, while septic anthrax, like all sepsis, is very refractory to any plan of treatment. The alleged remarkable cures which find their way into literature are usually of localized forms, which, while they may present a marked constitutional reaction, are seldom septic in the true sense of the term. Much confusion is associated with the management of the disease on this account. Whether serum treatment has ever actually prevailed over true bacteriemia is still open to doubt. In the *Correspondenz-Blatt fur Schweizer Aerzte* for November 9, 1918, Gsell refers to the use of salvarsan in this affection. In the original case of Becker the general condition was bad, but the blood remained sterile, and the same was the case with others related. Salvarsan was successful in cases of this type, but made an inglorious failure in others in which bacteriemia was present. Only in the laboratory did this remedy cure septic cases, the bacilli dying in the blood within a short time, as shown by failure to develop blood cultures after treatment. The author's case was not of especial severity, and was not septic at any time, but yielded so promptly to intravenous injections of neosalvarsan that the result deserved to be called favorable.—*Medical Record.*

Chlorin Antiseptics in Civil Hospital Use.

The following conclusions have been reached by Hartwell and his associates after four months' intensive study at Bellevue Hos-

pital with the chlorin antiseptics: (1) The establishment of the Carrel-Dakin technic presents no undue difficulty; (2) the results obtained in the military hospitals abroad can be duplicated in general civil hospitals in dealing with traumatic cases; (3) these antiseptics are not as efficient in controlling spontaneous infections, that is, those not directly due to trauma. They are not as valuable in burns as other forms of treatment; (4) reasonable care prevents skin burns in all circumstances; (5) Dichloramin-T in either chlorinated eucalyptol or chlorinated paraffin oil is not a completely efficient substitute for the sodium hypochlorite solution. These men feel that four months' experience has satisfactorily demonstrated the practicability and the advantages of using the Carrel-Dakin treatment in those civil hospitals where a considerable number of traumatic cases are treated. In those civil hospitals where a traumatic service is not an important part of the hospital work, Hartwell believes it is doubtful whether the inauguration of this treatment will meet with great success, for the reason that the call for its use will not be frequent enough to make it an established routine. Without this, it probably would be more effectively applied than is any other special form of treatment which is only occasionally demanded in a general hospital service, and if ineffectively applied it cannot be expected that satisfactory results will follow.—*Journal of the American Medical Association.*

The Prognosis and Treatment of Pneumothorax.

Harms has noted that early puncture seems to be decidedly better than incision. In a like manner it would appear that an accord in opinion has been made to attribute cases of sudden death to gas emboli; "pleural eclampsia" has no other mechanism than this. The writer regards high intrathroracic pressure as bad; likewise an endeavor to break down adhesions may lead to complications, such as infection of the bronchi in the opposite lung, excessive compression of the heart, laceration of the mediastinum, emphysema, etc. As to pleural exudates which may arise during treatment, no fear need be entertained, only their purulent transformation is a distinctly unfavorable sign. The procedure cannot be controlled by statistics and only the study of each individual case, likewise the

recognition of the clinical type of the process left to itself, will allow one to estimate the results. The writer is of the opinion that, generally speaking, the procedure will not deceive the hope it offers, if the following indications are adhered to, namely, (1) absolute indications, a unilateral fibrous process or even cavernous fibroid process; (2) relative indications are the same cases with small torpid foci in the oposite lung; (3) symptomaic indications: chronic ulcerative pneumonic processes; (4) vital indications: severe hemorrhage; (5) contra-indications: extremely acute processes or caseous pneumonic processes.—*Medical Record.*

Treatment of Ruptured Uterus.

In a report of the Rotunda Hospital, Dublin, by W. Smyly, R. Purefoy and E. Hastings Tweedy (*The Dublin Journal of Medical Science*, September, 1918), among the complications of labor, there were five cases of rupture of the uterus. One of these occurred in an otherwise normal delivery, one in a case of hydrocephalus and three in cases of malpresentation of the child, in two of which the brow presented, while in the third the child lay transversely. In one the brow was changed to an occipital presentation by combined internal and external manipulation, but five hours later it was found that the brow was again the presenting part, and shortly after the uterus ruptured the presenting part receded out of sight, and there was profuse hemorrhage. Cesarean section was performed and the uterus removed. In the second case the cervix was ruptured in an attempt to perform bi-polar version, and the hemorrhage, which was considerable, could not be controlled until the uterus was emptied, because it was impossible to reach the bleeding point. Cesarean section was accordingly done and afterwards the cervix was drawn down and sutured per vaginam. In the third case the transverse position of the child was due to deformity of the uterus, caused by what was intended to be a ventral suspension, but eventuating in fixation of the fundus. Version was twice attempted at an interval of some hours, and on the second attempt the uterus ruptured. Cesarean section was resorted to and the rent which was on the posterior aspect of the organ was closed by suture. A sixth case was sent into the hospital by a practitioner after the accident had

occurred. Of the five cases one mother died. The child was hydrocephalic and was delivered with a cranioclast after the head had been perforated, but the injury to the uterus was not discovered until the post-mortem examination.—*International Journal of Surgery.*

RUPTURE OF THE MEDIASTINUM DURING ARTIFICIAL PNEUMOTHORAX.

Wilson and Jones report the following case from the New Mexico College Sanitorium, Silver City, New Mexico: A woman with far-advanced tuberculosis confined largely to the right side was treated with artificial pneumothorax, receiving injections every three to ten days from November to January. At each operation a small pocket was encountered and small injections produced high positive pressure so that no progress was possible. On January 23, 1918, an injection of air was attempted. About 150 cc. raised the pressure to high positive. A little more was given and a distinct snap was heard by the operator, nurse and patient. This was considered to indicate the breaking of an adhesion, for thereafter 350 cc. additional flower freely into the chest with greatly reduced pressure. X-ray examination then revealed a small pocket of air on the right with firm adhesions between the lung and diaphragm. A larger pocket of air was to be seen on the left side and undoubtedly there was a communication between the right and left pleural cavities. The authors give their reasons as to why they consider the case one of air-communication through a ruptured mediastinum rather than one of double spontaneous pneumothorax; and mention that they have been unable to find the record of a similar case in the literature.—Wison, Charles A., and Jones, R. G. Rupture of the Mediastinum. Report of a Case during Artificial Pneumothorax. *American Review of Tuberculosis,* March, 1919. Vol. III, No. 1

"*Robinson's Lime Juice and Pepsin*" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page advertisement in this issue.)

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

The Victory Meeting.

The recent meeting of the American Medical Association at Atlantic City was a memorable one in every respect. The attendance was the greatest ever known in the history of the association. The total registration was 4,929. The work done was epochal and the scientific papers read and discussed were of the highest order. The natural as well as the artificial attractions of the popular resort added to the pleasure of the meeting. We feel sure that everyone attending the meeting was fully repaid for the fatigue of the trip and the expense thereto attached. Quite a number of our local physicians were in attendance and took part in discussions in the various sections. The following are the officers elected:

President—Alexander Lambert, New York.
President-Elect—William C. Braisted, U. S. Navy.
First Vice-President—David L. Edsall, Boston.
Second Vice-President—Emery Marvel, Atlantic City, N. J.
Third Vice-President—Eugene S. Talbot, Chicago.
Fourth Vice-President—George H. Kress, Los Angeles.
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Vice-Speaker, House of Delegates—Dwight H. Murray, Syracuse, N. Y.
Editor and General Manager—George H. Simmons, Chicago.

The Toll of the Nurses.

A sacred constellation of one hundred and eighty-four gold stars on the service flag of the American Red Cross Department of Nursing at Washington is the silent token of the supreme sacrifice made by that number of American nurses. The record is still incomplete and when this roll of honor is finally closed it is probable that the names of fully two hundred American women who have laid their lives on the altar of freedom will have been inscribed upon it.

Death came to American nurses in many forms. Striving against almost hopeless odds to check the epidemic of influenza that swept over the training camps in this country last fall nearly a hundred nurses themselves succumbed to the scourge. Many more were victims of the disease when it raged in the war zone. Ministering to the wounded in France other American nurses were killed by Hun ruthlessness in airplane raids.

But the American nurse who gave her life to the cause of liberty did not die in vain. Into the shadowy beyond there went with her the prayers and murmurs of gratitude of those she succored. High military leaders gave their word of praise and appreciation for faithfulness that never faltered, while in homes saddened by the loss of the loved ones there is imperishable pride.

Epilepsy Statistics.

Only 3.5 per cent of epileptics in the United States are cared for in institutions; 200,000 persons in the United States suffer from epilepsy. Only thirteen states have colonies for the care of epileptics. They care for 7,000 patients. Of 1,000 cases studied, one in every three cannot write; one in every four can read and write; only 340 have a common school education; thirty-two have attended night school; four have attended college. Of 500 men studied, one in twenty-five had hemiplegia; of 500 women, one in thirteen had hemiplegia. The most frequent abnormality found at necropsy at both Craig Colony and Monson State Hospital (Mass.) was dilated lateral ventricles. Abnormalities in the pineal gland and the pituitary body have been met with very frequently in the Monson necropsies. Mental deterioration in epileptics is often in direct pro-

portion to the frequency and severity of the convulsions. Proper food, regulated work and routine life lessen the frequency of the convulsions and postpone dementia.—*Bull. Mass. Commission of Mental Dis., July,* 1918. *Southern Calif. Prac.*

Ambulance Drivers Decorated.

Three more American Red Cross workers, members of the ambulance section in France, have been decorated with the Croix de Guerre for bravery under fire, according to a cable message received recently at Red Cross headquarters. Their are Lieut. Jack Butterfield, of Evanston, Ill.; Lieut. W. J. Fox, Buffalo, and Major E. A. Fish, Minneapolis, Minn. Butterfield and Fox were wounded, the former severely. After a fragment of shell lodged near his spine Butterfield, with his left leg paralyzed, dragged himself to an ambulance, cranked it and drove the car to its destination.

Red Cross Has New Chief Nurse Overseas.

Announcement has come from Red Cross Headquarters at Washington of the appointment of Miss Alice Fitzgerald, formerly of New York and Boston, as chief nurse of the American Red Cross forces overseas. She is a graduate of Johns Hopkins Hospital Training School for Nurses and has had three years' service in France and Belgium.

Fretful Children.

While in the majority of instances fretfulness in children points to the need of correcting, for instance some gastro-intestinal disorder, yet there are times when a sedative is indicated, and at such times the physician will find *Pasadyne* (Daniel) of more than ordinary value. *Pasadyne* (Daniel) is merely a distinctive name for a pure concentrated tincture of passiflora incarnata. While therapeutically active *Pasadyne* is free from danger, a point that gives it a particular advantage in children.

Following its administration these little patients secure restful sleep.

A sample bottle may be obtained by addressing the Laboratory of John B. Daniel, Inc., Atlanta, Ga.

GALL-STONES—Because Chionia is an effective cholagogue and relieves congestion of the liver and biliary passages, it is often exceedingly helpful in warding off attacks of gall-stone colic.

Reviews and Book Notices

Gynoplastic Technology, with a Chapter on "Sacral Anesthesia." By Arnold Sturmdorf, M.D., Clinical Professor of Gynecology, New York Polyclinic Medical School; Visiting Gynecologist, New York Polyclinic Hospital; Consulting Gynecologist to the Manhattan State Hospital; Fellow of the American College of Surgeons; Fellow of the New York Academy of Medicine; Fellow of the American Medical Association, etc. Illustrated with 152 halftone and photo engravings in the text, some in colors, and 23 full-page plates, with 35 figures, all in colors. F. A. Davis Company, Publishers, Philadelphia. English Depot, Stanley Phillips, London. 1919.

In this work the author presents rather radical views as regards the basic principles which should underlie gyneplastic technology, and while in the main his views are sustained by physiological and anatomical considerations, we think that in portions of the work the author is extreme in criticizing well-established surgical procedures which for many years have given satisfaction to the followers of the pioneers in gynecology, namely, Sims, Emmett, Simon, Hegar, Schroeder and others. In other words, the author has taken an iconoclastic stand and has developed a system of gyneplastic technology almost entirely his own. We think, however, we have in this book a very valuable handbook and that it contains much that is instructive and practical. We do not hesitate to commend the work as of the greatest value to the practical surgeon and urge every one interested in this department of surgery to get the book for reference and study.

Volume XXII. No. 2. Whole Number 82. Progressive Medicine, a Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleton, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. June 1, 1919. Owners and Publishers, Lea & Febiger, Philadelphia, New York. Six Dollars Per Annum.

We are in receipt of this recent number of this most valuable quarterly serial and, as in all the foregoing numbers, we find a wide fund of instructive information representing the best of all that is new and progressive in the several departments represented in this number as collated and discussed by the several contributors to this

number. Our readers can gain an idea as to the character of this work from the contents, as we quote: Hernia, by William B. Coley, M.D.; Surgery of the Abdomen Exclusive of Hernia, by Abraham O. Wilenski, M.D.; Gynecology, by John G. Clark, M.D.; Disorders of Nutrition and Metabolism; Diseases of the Glands of Internal Secretion; Diseases of the Blood and Spleen, by Elmer H. Funk, M.D.; Ophthalmology, by William F. Hardy, M.D.; Index. As in our reference to foregoing numbers we have urged upon our readers to subscribe to this invaluable quarterly, so do we now, and beyond a doubt the serial has no equal in furnishing the very latest in medicine and surgery.

A Manual of Exercises for the Correction of Speech Disorders. By May Kirk Scripture, B.A., Instructor in Speech, Columbia University (Extension and Summer Session); Director of Spech Correction, Vanderbilt Clinic, Neurological Department, College of Physicians and Surgeons, New York City, New York; Special Assistant in Speech Defects, Medical Council of New York City Children's Hospital and School, Randall's Island; Lecturer at State University of Iowa, Iowa, 1918, and Eugene Jackson, B.A., in Charge of Speech Correction at the University and Bellevue Hospital Medical College Clinic, New York City, New York; Teacher for the Correction of Speech Defects. New York Evening Schools. Illustrated. F. A. Davis Company, Publishers, Philadelphia. English Depot, Stanley Phillips, London. 1919.

This manual of exercises for the correction of speech disorders should receive a hearty welcome from the public and from the medical profession. Slovenly speech is common among Americans, both north and south, and any effort to correct this fault and to promote correct speech and clear-spoken language should be well received. The exercises tend to improve the stammering or stuttering habit of speech which is too often overlooked in the child, too great reliance being placed upon the hope that the habit will be outgrown. It is a terrible handicap to the young man on the threshold of manhood to speak brokenly and stammeringly, producing mortification and uncertainty of speech, and in this way warping the entire nature of the individual. No one is to be more pitied, and such a work as this, tending, as it does, to relieve such defects should meet with a hearty welcome from the public.

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W. T. BRIGGS, B.A., M.D., Associate Editor.

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Original Communications

A Successful New Antiseptic.

BY EMMA GARY WALLACE, AUBURN, N. Y.

Since the beginning of European hostilities, some fifty "new and wonderful" antiseptics have been brought forward, tried, and discarded. In spite of this, material advance has been made in the direction of proper asepsis of wounds.

Successful asepsis is a matter of great interest at any time as it has to do with the saving of life and limb, but in war times when vast numbers of wounds, many of them of an extremely serious nature, must be treated under all sorts of conditions, asepsis becomes a matter of national concern.

A perfect germicide has long been sought. To be perfect, a germicide must fill two requirements—first, it should kill all parasitic life; second, it must cause no harm to any cell of the living body upon which the parasitic life feeds or develops. A great many antiseptics have been found which have partially solved the problem —that is, are effective for the destruction of certain groups of infective agents, while they fail in others.

The infective agents or bacteria most closely related to plant or vegetable life have the faculty of resisting death-dealing agents with much greater success and persistence than do the living cells of the human body. This has made the problem of a safe antiseptic a peculiarly difficult one.

Nature does its best and exerts a natural resistance to bacteria. In spite of this, infection is frequent and the danger is very great where bits of shrapnel, bullets and wound-producing agents loaded with germs penetrate deep into the flesh. Lord Lister, whose name is among the earliest pioneers in the field of asepsis, first applied the principles of Pasteur to the practice of surgery. The theory upon which antiseptics have been based is largely the same—that is, to prepare a laboratory product which, when poured upon or into the wound, would at once attack the infective germs and begin their destruction. Asepsis has been a campaign shaped upon offensive and aggressive lines.

One of the most successful modern treatments is that of an irrigating nature. Receptacles of disinfecting solution are located at an altitude of several feet. The solution is then fed through rubber tubes into the wound and overflowing it, the control of the liquid being made possible through stop cocks. This irrigating system requires considerable attention.

The solutions commonly used in the elevated reservoirs are of an unstable nature and so must be made fresh at frequent intervals and made with great care. These solutions of chlorin are irritating to the skin if they come in contact with it for any considerable length of time, burns often resulting which persist and heal but slowly. It became necessary, therefore, to protect the skin from such chlorin solutions with sterile gauze and vaseline, for if the reservoir solution is made weak to avoid irritation of the skin, it lessens its antiseptic value materially.

In order to treat the wounds successfully with such an irrigation system, it must be constantly moistened with the solution, but here the difficulty deepens, for the antiseptic substance itself unites with the protein and other exudates of the wound so rapidly that in from thirty minutes to an hour it is necessary to provide a renewal of the solution flooding the wound. All this calls for very minute care and successful technic. This method is probably quite the most successful based upon the theory already mentioned.

But it is a curious circumstance that in scientific investigations the human mind has nearly always worked backwards. It seizes the loose end nearest the individual, saying, "Here we have the beginning," and unwinds slowly until the other end of the ball of

string is found. It very often proves that at the "other end" lies the real solution of the difficulty. It was even so when early minds declared the earth flat, shut out the poisonous night air, and denied fever patients a cooling drink of water. Scientists had always worked along the line of applying to a wound that which was in itself directly lethal in its influence.

It finally occurred to a group of physicians—H. D. Dakin, D.Sc., the Herter Laboratory, New York; Walter Estelle Lee, M.D., Pennsylvania Hospital, Philadelphia; Joshua E. Sweet, M.D., Professor of Surgical Research, University of Pennsylvania, School of Medicine; Byron M. Hendrix, Ph.D., Instructor in Physiologic Chemistry, University of Pennsylvania, School of Medicine, and Robert G. LeConte, M.D., of Philadelphia—that opposite principles might be employed, so the theory was followed that the wound itself should be considered a laboratory in which the antiseptic should be produced through chemical action between the applied dressing and the exudates of the wound themselves. In this manner the infective agents would themselves be used in manufacturing the very weapons for the defense of the living cells. In the old asepsis the minute the application was made and begun to work, its term of usefulness *waned*. In the new asepsis, the minute the application is made its antiseptic power begins, and it is not until the infective material and wound exudates are used up in the manufacturing process that the application is no longer effective and must be renewed.

Such an antiseptic has been prepared, experimented with, and found signally successful in literally thousands of cases of wounds and burns, especially the dangerous gas burns. The preparation is known as Dichloramin-T. This has several marked advantages. In the first place it is non-irritating to the skin, and dressings of Dichloramin-T remain effective over a period of from eighteen to twenty-four hours, instead of from thirty minutes to one hour, as with the hypochlorite solutions. This means that the Dichloramin-T dressings need vastly less attention and are more effective than those employing the irrigation system.

In field practice and improvised hospital service the difficulty of making fresh solutions which deteriorate rapidly is evident. Dichloramin-T can be stored in a colored bottle, preferably amber, for at least one month with only a 25 per cent decomposition.

The new antiseptic, of which the government has purchased large quantities for the treatment of injured men in the service, can be used in solutions of from 5 to 10 per cent, or from twenty to forty times the mass of germicide ever present in the usable concentrations of hypochlorites. Dichloramin-T is given permanency in an oily vehicle. The wound is carefully prepared by the removal of all foci of infection and all devitalized tissues. The Dichloramin-T solution is applied with an atomizer in the form of a spray if the wound is a surface one, while in deep wounds the cavity is filled with the liquid. Another advantage of Dichloramin-T in the dressing is that where dependent drainage is necessary, it can easily be established.

Of course, chemistry and bacteriology can never be expected to replace the mechanics of surgery, but they can be made a most valuable aid to it. The scientific name of Dichloramin-T is Toluensparasulphondichloramin. It is prepared as follows, according to a report of its authors in the *A. M. A. Journal* of September 29, 1917:

"The following details were worked out for Chattaway's method of preparation:

First Method of Preparing Dichloramin-T.

"Chlorinated lime (from 350 to 400 gm.) of good quality is shaken with two liters of water in a shaker for half an hour, and then the mixture allowed to settle. The supernatant fluid is siphoned off and the remainder filtered.

"Powdered toluene-parasulphonamid, 75 gm. (the crude product may be used), is then added to the whole of the hypochlorite solution and shaken till dissolved. The mixture is filtered, if necessary, placed in a large separating funnel and acidified by the gradual addition of acetic acid (100 c.c.). Chloroform (about 100 c.c.) is then added to extract the dichloramin, and the whole is well shaken. The chloroform is tapped off, dried over calcium chlorid, filtered and allowed to evaporate in the air. The residue is powdered and dried in vacuo. It is sufficiently pure for most purposes without recrystallization.

"The sodium toluene-parasulphochloramin which is sold under the trade name of chlorazene may be used instead of the toluene-parasulphonamid.

A Second Method of Preparing Dichloramin-T.

"Fifty gm. of para-toluenesulphonamid are dissolved in 500 c.c. of water and 100 gm. of sodium acetate and 100 c.c. of chloroform is added. The container is immersed in cold water and a rapid stream of chlorin is passed in until the mixture is saturated. The mixture is allowed to stand a few hours and, if the odor of chlorin disappears, more of the gas is passed in. If necessary, more chloroform can be added to dissolve the dichloramin. From this point the procedure is the same as in the preceding method.

Preparation of Chlorinated Eucalyptol.

"Eucalyptol (U. S. P.), not eucalyptus oil, must be used. Five hundred c.c. are treated with 15 gm. of potassium chlorate and 50 c.c. of concentrated hydrochloric acid. After twelve hours the oil is well washed with water and sodium carbonate solution. Dry sodium carbonate is added to the oil, and the mixture is allowed to stand twenty-four hours. It is then filtered and dried with a little calcium chlorid.

Preparation of Chlorinated Paraffin Oil.

"Five hundred c.c. of commercial liquid petroleum is treated with 15 gm. of potassium chlorate and 50 c.c. of concentrated hydrochloric acid. The mixture is exposed to the light and allowed to stand over night. It is then put into a separatory funnel and washed successively with water, sodium chlorid solution and water. The opalescent oil is tapped off, a lump or two of calcium chlorid and 5 gm. of charcoal are added and the oil is filtered with suction.

"In order to determine the amount of liquid petrolatum which can be added to the eucalyptol solution of dichloramin-T, the following mixtures were made:

"Solution 1: One part liquid petrolatum to two parts 15 per cent eucalyptol solution.

"Solution 2: One part liquid petrolatum to one part 15 per cent eucalyptol solution.

"Solution 3: Three parts liquid petrolatum to five parts 15 per cent eucalyptol solution.

"Solution 4: Two parts liquid petrolatum to one part 15 per cent eucalyptol solution.

"These solutions were placed in test tubes, stoppered tightly and preserved in the refrigerator at about O C. All solutions became somewhat turbid as soon as the liquid petrolatum had been added, but in forty-eight hours there was no appreciable settling out in any case. After a week, however, the dichloramin-T had partially crystallized from Solutions 3 and 4. Solutions 1 and 2 were no more turbid than just after the addition of the liquid petrolatum, and none of the dichloramin-T had crystallized out.

"This experiment seems to justify the conclusion that no more than an equal part of liquid petrolatum should be added to a 15 per cent solution of dichloramin-T in eucalyptol when the solution is to be kept for any length of time, but when the mixture is to be used immediately, as much as two parts of liquid petrolatum to one of the 15 per cent eucalyptol solution may be used.

"We have used a solution made up of one part of liquid petrolatum and two parts of 15 per cent solution of the dichloramin-T in eucalyptol. A larger proportion of the liquid petrolatum would make the mixture somewhat cheaper, but would have no other apparent advantage.

"One sample of chlorinated eucalyptol and two samples of chlorinated liquid petrolatum, one of which was chlorinated in the sunlight and the other on a cloudy day, were analyzed for chlorin by Carius' method with the following results:

"Chlorinated eucalyptol: 0.1044 gm. oil gave 0.0044 gm. AgCl =1.04 per cent Cl.

"Liquid petrolatum chlorinated in a cloudy day: 0.0936 gm. oil gave 0.0052 gm. AgCl=1.37 per cent Cl.

"Liquid petrolatum chlorinated in sunlight: 0.1510 gm. oil gave 0.0231 gm. AgCl=3.78 per cent Cl.

"The amount of chlorin which the oils take up is not large, but the amount absorbed is equivalent to a very considerable portion of chlorin which would be available from a 10 per cent solution of the dichloramin-T."

Extracts from Home and Foreign Journals

Tonsillitis.

Lapat deals with tonsillitis as a local infection in the first few hours, and uses applications to destroy the bacilli and their toxins. He has found hydrogen peroxide and a solution of iodine, 15 per cent, the best for the purpose. He removes the exudation from the tonsils by swabbing with hydrogen peroxide and then on another swab applies iodine to the crypts. These applications are made twice a day, care being taken that no iodine runs down into the pharynx. The throat is sprayed every two hours with the following solution:

Ichthyolis	℥ii
Olei Anisi	Miii
Aquae	ad ℥ii

To be used as a spray every two hours.—*Med. Brief.*

Basedow's Disease and Tuberculosis Infection.

F. P. Bjalokur, in *Russky Vratch,* maintains that in many cases of tuberculosis, especially in women, there is an associated hyperthyroidism, the latter being caused by the irritating tuberculous toxins. He thus explains the emaciation, rapid pulse, extreme nervousness and the irritating cough in many cases of pulmonary tuberculosis. Symptoms of Basedow's disease, according to the author, frequently point to latent tuberculosis. In the treatment of pulmonary tuberculosis with hyperthyroidism, attention should be directed to the thyroid glands and the patient placed under conditions which would tend to diminish the thyroid secretion. Tuberculin is contraindicated, also forced feeding and great altitudes. Arsenic is also contraindicated in cases where there is a disturbance of the gastrointestinal tract; in any case it is of little benefit. The most satisfactory results the author obtained from citrate of iron and strychnine, hypodermically. In severe cases X-ray treatment of the thyroid, once a week or every ten days, may be of benefit, or thyroidectomy may be considered.—*Med. Brief.*

End-to-End Intestinal Anastomosis.

This is a report of a clinical and experimental study of technic, indication and contraindications for end-to-end anastomosis of the small intestine and the colon. Soresi claims that, technically speaking, it is impossible with any method and the most perfect technic imaginable, to perform an end-to-end intestinal anastomosis, either of the small intestine or of the colon, with the positive certainty that leakage will not take place. The tissues found in the mesenteric space are infected and their blood supply is practically nil. In order to make it as safe as possible, whatever can lessen the resistance of the tissues concerned in the anastomosis must be avoided, such as unnecessary trauma, blood clots, great amount of suture material, unnecessary infection, knots, tight sutures; the blood supply must be left in the best condition obtainable with a safe and perfect hemostasis; all these desiderata are obtained with a technic originated and recommended by Soresi. He states further that the end-to-end method should always be resorted to in preference to any other method requiring more time when, and only when, time is the most important factor that will help to save a patients life.—*Jour. A. M. A.*

Grip Delirium.

Schlesinger calls attention to the association of delirious states with the febrile phase of influenza, but the delirium is not merely a function of the fever, for it has appeared both before and after the latter is not variable in proportion to the intensity of the fever and does not run concurrently with the latter. It may be ordinary subacute or typhoid delirium. Insight cuts no figure in prognosis, for in subjects with perfectly lucid periods death may not be far off, and the converse is true. It is admitted that a rise of temperature in the midst of a delirious case may aggravate the delirium or cause a lucid mind to become clouded, but, as abundantly stated, there is no necessary connection between the two. In subacute delirium the patient may be seized suddenly with motor activity and may perhaps even leave his bed and cell, running against hard objects, becoming covered with blood and feces, and in some cases heading directly for an open window. Strange to relate, these men may

retain considerable insight as to their condition with good orientation and state that they are merely swayed by an irresistible power. The behavior is like a fugue on a small scale. It is evident that many of these sufferers are badly frightened, they know not at what. Such cases have been seen in other infections and the author classifies them as infectious deliriums. During convalescence we are apt to see now and then a catatonic state associated with post grippal asthenia. Some of these exhibit peculiar automatisms, as singing or whistling one tune indefinitely. It is impossible to tell in some of these cases whether or not precocious dementia is setting in. It has been necessary to interne some of the patients. A few cases of delirium tremens developed in grippe patients.—*Med. Record.*

Soamine in Bronchial Asthma.

Ghost (Glasgow *Medical Journal*) recommends soamine in the interval treatment of true bronchial asthma. Some few cases improved on autogenous mixed vaccine, but several cases that improved with soamine failed to improve with the vaccines. The cause of irritation giving rise to reflex paroxysms should always be sought. In case in which egg albumen brings on asthma or urticaria marked improvement occurs under calcium lactate and soamine. Cases showing no increase of eosinophiles in the blood do not improve under soamine, but these cases are few. The plan of treatment consists in giving one grain of soamine by hypodermic injection and increasing one grain with each injection until three grains are reached. At first the injections are given twice a week, and later, as the conditions improve, once a week for two or three injections. If paroxysms do not appear during this period, an injection may be given once a fortnight, and then once a month for one or two more injections. The number of injections required to produce total absence of paroxysms varied from six to eighteen—rarely more. Some patients, who used to have paroxysms almost daily, have been free from any attack for over a year. The mode of administration consists in boiling one mil of water in a teaspoon, dissolving a soamine tabloid in it, and then injecting the solution in the arm, after local disinfection with tincture of iodine. The injection is not very painful; sometimes small nodular masses form but these even-

tually disappear. No untoward results such as dimness of vision or albuminuria were ever noticed. Cases with chronic kidney lesions should, however, not be given the treatment.—*Charlotte Med. Jour.*

The Use of Kinesthesia in Treatment of Speech Disorder.

By Walter B. Swift, M.D., Expert Advisor Speech Defects. Reprinted from Transactions of the twenty-second annual meeting of the American Academy of Ophthalmology and Otolaryngology, October 29, 1917.

Summary: Kinesthesia may be defined as tactual sensation governing vocal output. It is located in the lower third of the ascending parietal convolution and takes its motor exit from the lower third of the ascending frontal convolution. The older speech men consider it sufficient to develop these areas alone. We find, however, that it has acoustic, visual and collaborative, as well as kinesthetic background, hence it is necessary to develop these in speech training as well as the simple low area of kinesthesia. Modern methods develop all these four areas.

The Two Most Important Signs in Chronic Appendicitis.

Robert T. Morris (*Med. Record*, January 11, 1919) says that of the four common forms of appendicitis two are infective and two are irritative. The least important of the irritative lesions is what may be called syn-congestive appendicitis, in which there is a congestion of the appendix synchronously with congestion of other adjacent structures. This is a very harmless condition and disappears when the congestion of neighboring structures has been relieved. The commonest of all forms of appendicitis is an irritative lesion and it appears in fibroid degeneration of the organ. This occurs in most persons late in life, but much earlier in the neurasthenic group, and probably takes the patient more frequently to the doctor's office than any other form of appendix trouble. Another irritative lesion of the appendix is one in which this organ has become involved in scar tissue following some acute infective invasion. The symptoms in this condition, as well as in fibroid degeneration, are due to the persistence of nerve elements in the scar

tissue. When a chronic irritative appendicitis has registered its nerve impulses on certain sympathetic ganglia for a long time the muscular coat of the ascending colon becomes wearied. This wearied colon with lax muscular coat remains distended with gas most of the time and gives the "cider barrel sign." On percussing the left side of the abdomen a note is obtained reminding one of the cider barrel in October, while on percussing the right side the note is suggestive of the cider barrel in March. The other chief sign, and the most important, perhaps, consists in a hypersensitiveness at the site of the first, second and third sympathetic lumbar ganglia, as manifested by hyperalgia of more or less permanent character relating to this ganglionic point. This hypersensitiveness is elicited by pressing deeply upon the abdomen about an inch and a half to the right of the navel and a trifle caudad.—*International Jour. of Surg.*

Case of Extramembranous Pregnancy.

Gonnet (*Revue mensuelle de gynecologie d'obstetrique et de pediatrie*, 1919, xiv, 90) states that this subject is well known since the publication of Glaizes monograph in 1899. The total number of cases now on record is probably not far from forty. The author adds an observation made in 1913; a para-iii of twenty-nine years has two living children. Menses regular, rather scanty and last three days. She came to a maternity in August and labor was fixed at about October 28, as the past period went back to January 20. In the first half of pregnancy she had two hemorrhages—pseudo-menstrual—and on August 11 a severe bleeding which led to the diagnosis of placenta previa. Aside from these formal hemorrhages there were a number of episodes of spotting. The large hemorrhage was what had brought the patient to the clinic. Here she flowed steadily for ten days and the case began to look less and less like a previa, so that the diagnosis was changed to that of a possible decidual hydrorrhea with endometritis. To account for the latter there were amniotic hydrorrhea and extramembranous gestation. No differentiation was possible. On August 12 labor set in and after seven hours the child was expelled breech first and in suspended animation. It was reanimated only to succumb in several hours.

The placenta appeared at the vulva, maternal face first. There was no further hemorrhage, and the puerperium was normal. On the fetal aspect the placenta was seen to be marginate. Rupture of the membranes had evidently occurred some weeks ago and the fetus had led an extramembranous existence. Of etiology it is useless to speculate and of the symptoms there was but one—hydrohematorrhea. Like most cases on record the fetus presented by the breech and the placenta was marginate. The child presented no malformation. In deliveries such cases would doubtless be invariably confused with placenta previa.—*Amer. Jour. of Obstetrics.*

A Broader Anti-Tuberculosis Program.

There can be no doubt in Palmer's (Springfield, Ill.) opinion that the incidence of tuberculosis declined markedly before any organized efforts were employed to combat it. It is therefore desirable to work along broader lines and to assist those factors, many of which are bound up in our social and economic life, that have naturally operated toward a diminution of tuberculosis. Organized work then means that emphasis must be laid on many other things besides the prevention of infection. It would include child-welfare work and prenatal care; the combating of all infectious diseases which notoriously aid in the outbreak of manifest tuberculosis; an interest in general health problems, such as water supply, sewage disposal, street cleaning, protection of milk supply, etc.; industrial hygiene, such as the regulation of the working conditions of the duty trades; the amelioration of poverty, and a better understanding of social conditions. All this could be accomplished only by the consolidation of tuberculosis associations with a host of other medical and social agencies into one gigantic, all-wise and all-comprehensive organization.

Palmer, George Thomas. The Need for a Broader Program in the Campaign Against Tuberculosis. *American Review of Tuberculosis*, July, 1919, Vol. III, No. 5.

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Red Cross League Combats Typhus.

The League of Red Cross Societies is giving quick practical response to the spirit which brought it into existence. Scarcely a month old, it is ready to participate in a campaign to fight the spread of typhus, now epidemic in the countries of eastern and southeastern Europe, which, unless checked before next winter, is liable to sweep the entire continent. Cholera as well as typhus is included in the menace.

The Economic Council, representing the allied governments, in accordance with an agreement with Lieut.-Gen. Sir David Henderson, Director-General of the League, will contribute the surplus medical and hospital supplies belonging to the British and American armies and insure the necessary transportation. The league will supply and maintain personnel for the administration of necessary measures to prevent the spread of the epidemic, and will employ the best medical service and advice obtainable.

Plainly the League of Red Cross Societies of the world was organized none too soon. At the time the idea was conceived it may not have been foreseen that a severe test of its practical efficiency would arise at the very outset of its career. Its general purpose was to co-ordinate and stimulate efforts looking to the health of the world, as well as to act in time of great disasters; and it was indicated how effective such an organization might have been in combating the epidemic of influenza that swept the earth while the world war was in progress. While scientists at Cannes were discuss-

ing future possibilities, the alarm over the spread of typhus was sounded.

The official representatives of the allied governments, charged with the responsibility of meeting the menace of threatening disease, speedily recognized this non-political, non-sectarian, voluntary organization as the means of stimulating the energies of the people to fight the contagion and so confine it within the narrowest possible limits. It is apparent that if science and determination are capable of accomplishing the desired results, the epidemic will be prevented from getting beyond reasonable control.

Although it is Europe that is immediately threatened, the situation has a positive home interest for the people of America. The influenza, which took such a toll of lives in this country, started in Europe. If typhus or cholera fasten themselves upon western Europe their spread to America would become an immediate danger. These are the days when an ounce of prevention is worth a ton of lamentation.

A Modern Caesar.

A Red Cross man in the recreation room of one of the debarkation hospitals offered to send a telegram home for a returning wounded soldier. This is what the boy dictated: "Debarked, deloused, delighted. Jim."

Please Note Change of Address.

Dr. Ira S. Wile announces the removal of his office from 230 West Ninety-seventh Street to 264 West Seventy-third Street, New York City.

Mules.

Even in Siberia there are mules. The natives can thank the American doughboy for introducing them. Those who are wise in the way of mules declare that the Siberian climate requires a special knack of handling them. On an ice-packed trail leading to Vladivostok a doughboy was driving an especially balky specimen of the

Missouri "nightingale" hitched to a barrel-shaped water cart crusted over with ice.

The inevitable happened. He balked. With elaborate unconcern the driver got out, hitched his sheepskin coat a little closer and lit a fag.

"How about a little whip?" his companion, a Red Cross man, asked anxiously.

"No use," replied the soldier, nonchalantly, "a mule usually knows best what he wants to do, and he usually does it when he gets ready. He'll probably get so cold pretty soon he'll move to keep warm. Then he'll be all right."

Apparently mules are the only things that don't keep moving in Siberia. At least this much is certain—the American Red Cross is not in the mule class. The Sixty A. R. C. supply train—twenty-six cars of clothing, blankets, medicines and other supplies valued at $38,000—has just started across Siberia to relieve refugees and returning prisoners along the way.

American Doctor Killed in Beirut.

Maj. Edward Kent Armstrong, of Cape May, N. J., who has been engaged in relief work for the American Red Cross in the Holy Land, was instantly killed in an automobile accident at Beirut on the night of May 31, according to a cable message received July 1 at Red Cross headquarters. He sustained a fractured skull when the car in which he was riding plunged over the side of a thirty-foot culvert.

Major Armstrong, who is well known in Chicago, where he practiced medicine for a number of years, had been in Red Cross service overseas since April, 1918. For several months he was engaged in child welfare work in France, leaving for Palestine last January to take up similar work in that country. He was a graduate of the University of Illinois and an associate professor of pediatrics at that institution. At one time he was superintendent of the Communicable Disease Hospital at Chicago and attending physician at the children's department of the Cook County Hospital. The cable message says Major Armstrong was buried in the American cemetery at Beirut with full military honors.

Resolutions Passed at Recent Meeting of A. M. A. Asking Congress for Appropriation.

Whereas, The present influenza epidemic caused approximately 500,000 deaths in the United States; and

Whereas, A large proportion of these deaths were produced by pneumonia and other complications; and

Whereas, Influenza, pneumonia and allied diseases now cause approximately one-tenth of all the deaths in the United States; and

Wereas, Medical science is not yet in possession of complete data as to the cause, modes of transmission, prevention and cure of this disease and its complications; and

Whereas, The possession of this knowledge is of grave social and economic concern to the nation; therefore, be it

Resolved, That it is the sense of the members of the section on Industrial Medicine and Surgery of the American Medical Association, here assembled to discuss influenza, that Congress should and is hereby urged to appropriate not less than $1,500,000 to be used under the direction of the U. S. Public Health Service for the investigation of the causes, modes of transmission, prevention and cure of influenza, pneumonia and allied diseases, this sum to be made available to July 1, 1922.

Transmitted by order of the session, held in Atlantic City, June 13, 1919. Dr. Otto P. Geier, *Secretary*.

Cincinnati Milling Machine Co., Cincinnati, Ohio.

Red Cross Facts.

Have you grasped the international significance of the League of Red Cross Societies? For any who may be slow to see the value of such a league because they cannot understand how it can benefit America particularly, here's a concrete illustration: The American Red Cross, in devising means for meeting domestic welfare problems, will have the splendid counsel of Professor Roux, successor to Pasteur. Isn't that worth while? France will have the valued advice of Dr. Welch, of our own Johns Hopkins. Get the idea?

Red Cross canteens along the lines of travel are still making returning heroes throw open their belts to the last notch. If all the hot chocolate and coffee they have tucked away could be placed end to end it would—well, figure it out for yourself.

Suggestion to soldiers: Next time you are passing the Red Cross house in your neighborhood drop in and shed your worries. Let Home Service solve your problems.

The Red Cross has appropriated an additional $400,000 for relief work in Siberia.

American soldiers with the expeditionary force in northern Russia are trying to keep the icicles off their lead pencils long enough to write moving picture scenarios. *The American Sentinel*, a weekly paper established up there by the American Red Cross, started the contest.

The American Red Cross mission now in Germany caring for Russian prisoners in that country is also extending aid to American citizens who were forced to remain in Germany during the war.

Scientific American farming methods are being introduced in Crete and Greece through the agricultural survey that is being made there by the American Red Cross under the direction of Major C. G. Hoppins, of the Illinois Agricultural Department, and Lieut. G. J. Bouyoucus, a native Greek educated in America, and a former instructor at Michigan Agricultural College.

Maid to Reconstruction Aide: "You all ain't one of them there Resurrection Aides, is you?"—*From Here and There.*

Obituary

A Great American and a Great Physician.

In the death of Dr. Jacobi, America as well as the profession of medicine has lost one of its great men. Although not in politics, Dr. Jacobi was largely in public life and was, in a quiet way, a power for good in the country. Born a German, there was never a Mayflower descendant whose Americanism was more genuine in feeling and more positive in expression than his. He had learned by actual experience the evil of Prussianism, and when, five years

ago, the Hohenzollern and their robber barons began their predatory invasion of their neighbors' lands, Jacobi was among the first to recognize it for the despicable thing it was, and he let no counsel of neutrality, no inward call of the blood, no outgivings of German State-paid professors dissuade him from warning his fellow countrymen of the true meaning of that rush to loot.

But while ever giving to his fellows an example of what a good citizen should be and while always ready to take up his pen in defense of what he conceived to be the right, it was as a medical man that he gained and held his supereminence. Coming to this country before most of those now acknowledged as leaders of the profession were born, his influence was always potent in shaping the course of medical progress. He early recognized the fact that the child is father of the man, physically as well as mentally and morally, and believing that the hope of the nation was in its children, he set about the salvation of the State by safeguarding the health of the new generation, and so became the father of pediatrics. But it was not only as a children's doctor that he functioned, for he knew that without healthy parents there could be no healthy children; indeed, nothing medical was foreign to him, and in all questions pertaining to general medicine, therapeutics and public health, he was an acknowledged leader.

Dr. Jacobi was a man of enormous vitality of mind as well as body, erudite, and of an inexhaustible capacity for work, a writer of clear English, and a convincing speaker—a distinguished citizen and a learned physician. In fact, in whatever direction he employed his incomparable gifts his mastery was easy and complete.—*Med. Record.*

CHILDREN AND COD LIVER OIL.

A quality of most cod liver oil preparations which makes them objectionable to children is their unpalatableness, which becomes more marked as the patient continues with it. As a result of this obnoxiousness of the beverage cod liver oil preparation, the choice of one for continued use with children is a matter of the utmost importance.

In Cord. Ext. Ol. Morrhuae Comp. (Hagee) the physician has a preparation of cod liver oil which is effective therapeutically and at the same time palatable to the most fastidious taste, making it the ideal cod liver oil preparation for children. While Cord. Ext. Ol. Morrhuae Comp. (Hagee) is palatable and may be administered for long periods, it is just as effective as the plain oil, containing every therapeutic property of the plain oil.

Publisher's Department

A Safe Soporific.

Particularly during the progress of typhoid fever or one of the other systemic infections, does the medical man want a soporific that will produce restful sleep and yet be free from depressing influences. The heart is already weakened and the conservative physician will not further impair its power.

In Pasadyne (Daniel) the profession has a valuable soporific in that it is productive of the desired effect and does not depress any of the vital organs. It brings about a tranquil, refreshing sleep, without jeopardy. For this reason Pasadyne (Daniel) should be the soporific of choice in conditions reducing the vital powers. Pasadyne (Daniel) is merely a concentrated tincture of passiflora incarnata. A sample bottle may be had by addressing the Laboratory of John B. Daniel, Inc., Atlanta, Ga.

Cod Liver Oil Requisites.

In the choice of a cod liver oil preparation there are two reuirements to be met if the product is to offer the fullest therapeutic satisfaction. The first is that the product be therapeutically potent; that is that it contain the active essential constituents of the crude oil; the second is, that it be palatable so that it is acceptable to the most fastidious stomach and may be continued for a long period.

Cord. Ext. Ol. Morrhuae Comp. (Hagee) meets these two requirements in most satisfactory fashion. In its manufacture the active elements have been retained, giving it the full therapeutic value of the oil, and with the elimination of the obnoxious properties of the crude oil, its palatability has been largely increased. Cord. Ext. Ol. Morrhuae Comp. (Hagee) is thus an ideal cod liver oil preparation—one that may be given women and children and with assurance that it will produce the well-known effect of cod liver oil.

Alcoholic Mania.

In treating the over-stimulation of the cerebral centers by the excessive use of alcoholic beverages, Peacock's Bromides invariably exert a highly satisfactory sedative action. When the mania is active, doses of one to two tablespoonfuls may be given every hour or two with every confidence that the desired effect will be produced without the slightest danger or irritation of the gastric mucosa.

Tachycardia and Intermittent Heart.

In tachycardia, whether proceeding from exophthalmic goiter or from other causes, or in intermittent heart arising from the excessive use of tea, coffee or alcohol, Cactina Pillets will be found of exceptional value. They afford a safe and reliable means of overcoming excitability and irregularity of the heart's action. One or two Pillets every two or three hours will exert the desired effect by improving the nutrition and tone of the cardiac muscle.

Solution of Albuminate of Iron.

(Liquor Ferri Albuminatis, Flexner.) Contains 13 per cent alcohol. Each teaspoonful of this preparation represents one grain of dry albuminate of iron in permanent solution. A most valuable form of iron tonic. Prepared by Robinson-Pettet Co., Incorporated, Louisville, Ky. (See page ——, this issue.)

Alimentary Toxemia.

Prolonged constipation invariably leads to absorption of the material that lies stagnant in the intestine. There is no excuse for this, since this really serious condition can be effectually relieved by judicious medication. Prunoids have proven a highly satisfactory remedy, for they not only clear away the poisonous material from the bowel, but at the same time set into action the dormant functional powers of the intestine.

Impeded Bile Flow.

When the bile flow becomes obstructed, unpleasant consequences soon ensue. Treatment should be promptly instituted to stimulate the hepatic function and at the same time reduce the congestion of the biliary passages. Chionia in conjunction with regulation of the diet will quickly effect these results. A teaspoonful should be given every four hours, and the headache, digestive disturbance and other disagreeable symptoms will rapidly disappear.

The Relief of Functional Depression.

The conditions under which the majority of people have lived during the past few years have led to widespread nervous depression and debility. Overwork, worry and restricted or change diets have all tended to cause derangement of bodily functions. To correct and overcome these conditions of general weakness and debility, vigorous tonic treatment is invariably needed, and for this purpose there is no remedy that will be found more promptly and uniformly effective than Gray's Glycerine Tonic Comp.

Under its systematic use, combined with good food and hygienic care, the digestion is improved, the nutrition is aided and promoted and the vitality of the whole body raised substantially. The nervous and mental condition of these weakened and debilitated patients show gratifying improvements in every way, and in what is often a surprisingly short time they regain their strength and vitality, with complete relief from their systemic depression and loss of bodily energy.

The use of Gray's Tonic Comp., together with painstaking regulation of the hygiene and diet, has undoubtedly saved many of these cases of nervous depression from developing into graver ills.

Nervous Dyspepsia.

The form of dyspepsia traceable to nervous conditions is perhaps the most frequent form met in medical practice nowadays. Undoubtedly the war has been largely responsible for a great increase in mental anxiety and worry—prolific causes of nervous indigestion. Seng provides the most certain and safe means of relieving this condition, because by inciting the natural flow of the gastric secretions it restores the activity of the digestive processes. Distressing symptoms promptly disappear.

NASHVILLE JOURNAL
—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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Original Communications

Facts About Cancer.

Cancer is unquestionably increasing throughout the world.

At the beginning cancer is usually painless and difficult to detect.

At its first small growth it can be safely and easily removed by a competent surgeon.

Cancer is not a constitutional, or "blood" disease.

Cancer is not contagious.

Cancer is, practically speaking, not hereditary.

Every lump in the breast should be examined by a competent doctor.

Persistent abnormal discharge or bleeding is suspicious.

Sores, cracks, lacerations, lumps, and ulcers which do not heal, and warts, moles, or birthmarks which change in size, color, or appearance, may turn into cancer unless treated and cured.

Probably 60 per cent of cancers of the rectum are first regarded as piles. Insist on a thorough medical examination.

Continued irritation in some form is the usual cause of cancer. It rarely results from a sudden injury.

A doctor who treats a suspicious symptom without making a thorough examination does not know his business.

Cancer is Increasing.

Cancer, probably the most dreaded of all diseases, is on the increase in America and throughout the world inspite of the fact that it is curable if treated early, says the United States Public Health Service. In its death toll in the United States cancer already ranks among tuberculosis, pneumonia, heart disease and diseases of the kidney, and it is much more feared than any of these. This is because of the ignorance of the public, the difficulty of detecting a cancer in its early stages and the fact that when it has reached the recognizable stage it has gone beyond the curable stage.

The medical world today believes that work for the control of cancer should be largely similar to that so successfully carried on in tuberculosis; that is, it should consist mainly in widespread education of the general public to recognize cancer in its precancerous state, it should train the people at the first alarm to seek the advice of a competent physician, and it should keep the public freely advised of the latest scientific knowledge concerning cancer, its causes, prevention and cure.

The first and most important requirement in such a campaign of education is that the public change its viewpoint. The United States Census Bureau for 1917 gave a total of 61,452 deaths from cancer as compared with 112,821 from pneumonia, 110,285 from tuberculosis, 115,337 from heart disease and 80,912 from kidney diseases. So it will be readily seen that cancer already ranks among the leading causes of death in this country.

Cancer is apparently increasing. The recorded death rate shows about two and one-half per cent more cases every year. It has risen from 62.9 deaths per 100,000 of population in 1900 to 81.6 in 1917. Some of this increase in unquestionably due to an improvement in recording and gathering vital statistics and to better diagnosis, but it is generally believed that these factors do not alone account for the increase.

Cancer, if discovered early and treated immediately by a competent physician and surgeon, is now regarded as a curable disease. Unfortunately the early history is difficult. Unlike most any other disease its first attack is usually painless, and often, therefore, before the disease is discovered it has reached the stage where a major operation is necessary and the chances of cure have been greatly reduced, if not entirely lost. Another unfortunate circumstance is that in many cases when a person realizes he has cancer he fails to seek the best medical treatment. Advertising quacks and patent medicines, claiming phenomenal cures, loom up like a last ray of hope to the afflicted. As a matter of fact, their treatment invariably aggravates instead of helping, and when competent physicians are finally consulted the case is really beyond any hope of recovery, or arrest.

The belief that cancer is contagious has caused untold suffering and occasionally cruel neglect of the unfortunate sufferers. So far

as it has been possible for scientists to learn there is no germ capable of causing cancer in human beings or animals. In communities where the cancer prevalence is higher than in others it has invariably been traced to the fact that most of the young people had left the community. Since cancer is a disease of middle age the higher rate was to be expected. There is no case on record in which either an operating surgeon, or nurse, has contracted cancer from coming into contact with it, even after years of work exclusively in this field.

Another popular myth that seems to be pretty well exploded is that cancer is hereditary. No argument could be more convincing than the way life insurance companies look at this aspect of the disease from a business point of view. In deciding whether a person is a "good risk" these companies disregard evidence that cancer occurred in one or both parents, or in other ancestors. Their carefully-kept statistics covering many years prove that the person to be insured will not necessarily contract the disease. Indeed, the insurance companies say there is no cause for apprehension even if both parents died of cancer. The most that could be fairly argued is that people whose families seem particularly susceptible to cancer should well inform themselves with regard to early symptoms and be on the alert for the first danger signal.

The tissues of the body, the muscles, the glands, the bones, are each composed of a very large number of very tiny cells, which may be compared to the bricks in a building, and they are held together by a material which may be compared to the mortar. However, the body cells are alive, constantly growing and dying off, according to certain laws which we do not completely understand. Sometimes these cells begin to grow and develop along lines which are not in harmony with the usual order. A little group of the cells forms a lawless colony, which constitutes an unhealthy, growing spot in the body. This may occur on the skin, in the breast, stomach, throat, or in any part of the body. Frequently they form a little hard lump which can easily be detected by touching it and which can very easily be removed by the physician. If this mass is not removed at once it usually continues to grow and to branch off into the surrounding tissues. This penetration marks the difference, the fatal line between the benign or harmless growths, like warts

and malignant growths or cancers. Finally a large mass is formed and minute portions become detached and are carried to other parts of the body. When ordinary cells become detached and get out of place they usually die. Cancer cells, on the other hand, have such a power of survival they continue to grow wherever they are deposited and new cancers are the result.

Cancer often arises after continued, long irritation of various kinds and in and about benign growths, or ulcerations. Cancer of the lip and mouth has been known to come from burns, from pipe stems, from constant irritation from bad teeth and, among East Indian races, from chewing the betel nut. Cancer of the external abdomen in the natives of the Kashmir, never observed among other races, arises from burns from kangri baskets of live coals which these mountaineers wear as a kind of warming pan. Cancer of the œsophagus is observed in the Chinamen who eat their rice too hot, while it is absent in the women who eat their rice cold at a "second table."

Women, unfortunately, are most susceptible to cancer. Between the ages of 35 and 43 three times as many women as men die of cancer, and between 45 and 50 twice as many die. They should, therefore, be especially educated to recognize the first signs of a benign growth and consult a physician at once. Persistent ulcerations, cracks and sores, warts, moles, or birthmarks which change in appearance, or grow larger, should be removed. All forms of chronic irritation should be prevented.

While no one in particular can be said to be susceptible to cancer it can truthfully be said that so far as is known no one is immune to it, and statistics leave no room to doubt it is on the increase. The time has come when the general public should be educated as thoroughly as in the nation-wide campaign for the control of tuberculosis.

To aid in this work the United States Public Health Service has carefully prepared a neat, pocket-sized booklet, "Cancer, Facts Which Every Adult Should Know," written in lay terms. This book will be forwarded on application to the Public Health Service, Washington.

United States Public Health Service.

Selected Articles

Notes About Some Cases of Heart Failure.

BY BEVERLY ROBINSON, M.D., NEW YORK.

Symptoms of heart failure, more or less serious in character, are constantly met with in hospitals and less frequently in private practice. Usually they are connected with some evident valvular defect, acute or chronic. We all know what it means in connection with, or subsequent to an attack of rheumatic fever; also in connection with or subsequent to a general poisoning of the system by typhoid or eruptive fevers; also, too often after a virulent attack of pneumonia or influenza. Nor, indeed, do I wish to direct attention to the overworked victim of hard manual labor, or to the victim of long-continued excesses in eating or drinking of brandy, whiskey or beer.

I am now having in mind other less serious instances in which the heart is also undoubtedly the immediate important sinning factor, which explains not a few of the symptoms complained of by the patient. There are usually other organs involved, and frequently the blood or the nervous system must be toned up again, if we may hope to obtain lasting good effects from mere diet, rest and cardiac stimulation. Sometimes our most careful inquiry into the patient's habits and antecedents will leave us for quite a while uncertain as to the precise cause or causes of cardiac failure or inadequacy.

In general terms it is wise in almost all these cases to have in view mentally, certain probable underlying physical conditions as regards the heart itself aside from the personal influences and differences as to age, occupation, and intercurrent or previous causation.

Now for a few examples of what I have specially in mind. A young man at college, or later, when started in his profession of law, medicine, theology, or business, calls to see us because he feels run down, not up to the mark. We first advise rest, mental or bodily; then we regulate the diet. The physical examination is made carefully, and the blood and urine also looked into. Usually

in these cases, even though the examination may be otherwise negative, the heart shows a soft, blowing murmur at the apex, and the pulse is somewhat weak or irregular and shows low tension either to the fingers or to the sphygmomanometer. Here is a case that must have, at least for a time, moderate cardiac stimulation with a suitable drug.

Again, in the case of the young women of society or the shop girl who is tired and ill fed and too closely confined in stuffy salesrooms. She needs as a rule a laxative pill, a proper iron tonic, but also heart stimulation. The middle aged man or woman, often corpulent, with little or no special cares, and having means and opportunity for relaxation and enjoyment. He or she, after very little bodily effort, as going upstairs even slowly, suffers from slight dyspnea or palpitation. The pulse is recognized after such exertion as rapid, weak and fluttering. The heart shows a mitral murmur, soft and blowing, and possibly some enlargement, which, if made out clearly, is due to dilatation. The arteries may possibly show changes and the urine a trace of albumin with casts. Not seldom there are manifest dyspeptic symptoms and the sleep is disturbed,restless. Such patients must eliminate the starches in food, take some helpful carminative or digestive agent, like pepsin or pancreatin, but also, for a while at least, a direct cardiac stimulant. In many of these and the preceding examples a little generous wine at lunch or dinner or a small quantity of good brandy or whiskey helps the digestion and also the heart power and regularity wonderfully. Here, again, however, this is not all that is required, and we must bring in our purely drug treatment. If an evident nervous element is present, belladonna, valerian, ammonia, with or without sweet spirits of nitre, are essential. In addition, however, we should think of strychnine, nux vomica, digitalis, or strophanthus.

Of course there are other drugs which may be thought of and are used by many. These are caffeine, camphor, and sparteine. Personally, I have learned in later years to rely more upon strophanthus than any other drug as a heart stimulant in all cases of the kind referred to. Small, frequently repeated doses of tincture of digitalis, in tablet form, have unquestionably at times helped me--but even in this form it has numerous objections. It must be closely watched, as it often disagrees with the stomach and increases the

tension and spasm of peripheral arteries, which, in those at or past middle life, should not be interfered with if we desire to keep up properly and sufficiently the equal supply of blood to the capillaries. Upon this latter much of the good results we should effect from treatment by a drug depends. Now then, strophanthus, when a good, reliable preparation is used, is unobjectionable as a rule. A little diarrhea is all that I have heard complained of and this is infrequent.

It must be borne in mind, however, that only small doses are required at any one time, and frequency of repetition should depend upon results obtained. A minim or two every two hours is about right where the heart is notably failing; in other cases from four to six times in twenty-four hours, even at first, is all sufficient.

During the past two years I have adopted sublingual medication with hypodermic tablets of tincture of strophanthus as preferable to swallowing by the mouth. The gastric fluids are apparently antagonistic to the stimulating effects of strophanthus. In the tablet form I make use of sublingually, strophanthus is quite as rapidly effective as if it were given hypodermatically.

I cannot emphasize this important fact too strongly. It is of the greatest value to all practitioners of medicine to adopt it practically, and especially in every emergency case. I should add to the foregoing that latterly I have not obtained as good effects from strophanthus as I did, and I am now advising in bad cases of heart failure an extract of strophanthus in granule form which is made in Paris, France. Unfortunately these granules must be swallowed, as they cannot be readily dissolved sublingually. I have not hitherto tried strophanthin, but I am informed by a prominent physician of Brooklyn, New York, that he has obtained the best effects from its use sublingually in tablet form and in doses of 1/500 grain. The preparation this practitioner makes use of is one made in London, England. The granules of strophanthus and also the tablets of strophanthin can now be obtained in New York City.

I could readily extend the limits of my paper, but I prefer not in view of its utility. In one case I have observed lately in consultation I have been disappointed in the remedial effects of strophanthus. The case was that of a lady of middle age, somewhat corpulent, who after an attack of erythema nodosum, most characteristical-

ly marked and with painful and febrile symptoms pointing to an underlying rheumatic dyscrasia, developed a slow pulse, somewhat weak and irregular, and a soft, blowing murmur at the mitral orifice. Her temperature then went down below the normal for many days together, with the other symptoms present. She was weak and had marked and obstinate dyspeptic symptoms. In this case tincture of belladonna, given in 5 minim doses three times a day by her ordinary physician, with frequently repeated teaspoonful doses of panopepton, ultimately gave relief to the symptoms, which had caused me much anxiety. I was sorely tempted to try crystallized digitalin, but was prevented from doing so by reason of the slow pulse, combined with the other symptoms. It is true that this patient has normally a slow pulse—ranging about 60 to the minute in times of repose—but as it went to 50 in the minute, associated with the other signs and symptoms mentioned, I acted, I believe, wisely. In such instances a condition approximating that of heart block should be thought of, even though marked head symptoms or convulsive seizures are lacking.—*Medical Record.*

Method of Delivering the Placenta.

J. L. Baer (*Jour. A. M. A.*, 1919, lxxii, 1543) says that in a great majority of cases inability to accomplish expulsion spontaneously is due to the complete loss of tone of the abdominal wall just released from its prolonged condition of overstretching. After the usual period of waiting, averaging half an hour, and when the uterus is at the height of a contraction, as evidenced both by feeling it and by the pain the woman is experiencing, the writer grasps the abdominal wall crosswise above the fundus and pulls the rectus muscles together, thus taking up all the slack. He then encourages the woman to bear down, and in practically every case in which expression on the fundus would have succeeded this procedure has succeeded.—*American Journal of Obstetrics.*

Extracts from Home and Foreign Journals

Fistula on the Dorsum Penis.

Ehrenpreis reports in the *Journal d'urologie* for May a case of what was clearly a congenital fistula of the dorsum penis. While the patient was a soldier there was no history of injury or gonorhea nor, in fact, was there any history whatever which bore on such a lesion. The patient had been aware of its existence for years and it had never caused him any annoyance, although at times there was a purulent discharge for which he had finally sought advice. Examination in the lad of 21 showed quite normal male genitals save for feminine configuration of the pubic hair. Near the central end of the shaft of the penis there was a break in the skin, a fold running transversely, which admitted a probe and allowed the escape of a little seropus. Another furrow ran in an anteroposterior direction in the balanopreputial groove, and the two malformations were evidently associated genetically. The central malformation showed that a urethral mucosa lined the fistulous tract. On the other hand, there was a defect of the prepuce at the site of the anteroposterior furrow in the sulcus. The sites of both malformations were extirpated and the microscope showed a marked similarity in the texture of the walls of the fistula which were lined with epithelium resembling that of the normal posterior urethra. The author has been unable to look up other cases or to attempt an embryological explanation of the condition. He, however, suggests the opinion that the condition was one of duplex urethra, masked by accidental circumstances.—*Medical Record.*

Trendelenburg Ether Anesthesia in Pelvic Surgery.

Dr. Donald Guthrie, of Sayre, Pa., read this paper. He said that during an operation it was often possible for the surgeon to predict what sort of convalescence his patient was going to have. A storm convalescence was sure to follow any degree of trauma to the small intestine, while the large gut could be handled with relative impunity. He had perfected a method whose salient feature was plac-

ing the patient on the table before the anesthetic was started in the Trendelenburg position, the object being to rid the pelvis of small intestine. A *sine qua non* was a skilled and tactful anesthetist. He had often been asked the objections to beginning the operation in the dorsal position and changing later, but he found by experience that if this change were made before anesthesia was complete the patient became alarmed, and if the change were delayed until it was complete the result was very unsatisfactory. The patient was placed on the operating table in a high Thendelenburg position before anesthesia was started. The arms were fastened with a gauze bandage, the legs were flexed, and the operation started; absolute quiet should prevail in the room during the administration. A small hole was made in the peritoneum and the abdominal walls lifted vertically up; this would cause an inrush of air, freeing the pelvis of the coil or two of small intestine remaining. By the use of this method only one small piece of gauze was usually necessary, instead of a number of them, as wtih other methods. He then showed lantern slides. illustrating this method.—*Medical Record.*

Transmission of Malaria from Mother to Fetus.

Gentili (*Annali di Ostetricia e Ginecologia*, 1918, xl, 37) relates a series of twenty-nine cases of this kind of transmission, the tabulation of which shows material from many sources and transmission in its several phases. Intrauterine malaria naturally means the same thing, but as nearly every child was born at term our knowledge of maternal malaria must be far behind that of malaria in the newly born. There was but a single documented case in a premature. This child was born in the seventh month and lived but one hour. The heart blood at once after birth contained plasmodia of the same type as the mother. The state of the spleen is not mentioned. The mothers suffered from various types of malaria, some having chronic cases while others developed acute cases at various stages of gestation. The first case was recorded in 1892, the woman having been infected abroad, long before conception. Gravidity caused an acute exacerbation. Labor set in during an access of fever. The infant showed fever for several months after birth but it is not impossible that the malaria was acquired from mosquitoes

after birth. The same uncertainty attends other of the earlier cases and the mere presence of hematozoa in a young nursling is not proof of maternal transmission. In an ideal case the birth occurs in a country free from malarial mosquitoes so that the maternal malaria is exotic in origin. There are a number of examples of women who became infected in the tropics but returned to Europe for confinement, labor taking place in districts free from the disease. It is not necessary for the child to develop fever until some time has expired. The seventh day after birth is the shortest interval mentioned and the longest forty days. The fever and the hematozoa are often of the same type in mother and fetus—probably in all cases in which the parallel was examined. Enlargement of the spleen soon after birth is mentioned in some of the cases.—*American Journal of Obstetrics.*

The Tuberculous Reactivation of Erythema Nodosum.

The tuberculous nature of most cases of erythema nodosum has already been demonstrated by clinical observation, by pathological anatomy and by actual experiment. The following case brought before the Academy of Medicine of Paris by Drs. A. Chauffard and L. Girard shows that it is possible to reactivate experimentally the whole morbid process: fever, arthralgia and cutaneous eruption.

A woman suffering from Pott's disease of old standing had a second attack of erythema nodosum. In the decline of the disease they practiced intradermo reaction but by mistake a far too strong solution of tuberculine was made use of; *i. e.*, 1 in 1.000 instead of 10.000. The result was a rise of temperature with multiple arthralgia, revivification of the old extinct erythematous nodules and the appearance of new elements disseminated on the lower limbs and the face. It follows that the tuberculine had reactivated the whole process and this important fact displays its connection with tuberculosis and in the same way of the two characteristic features of the disease, viz, the arthralgia and the erythematous nodules.

What in this instance was caused by tuberculine was in a previous case, placed on record by Chauffard and Mlle. Leconte, caused by arsenobenzol in a subject who was syphilitic and had erythema nodosum. This case was more difficult to explain, the erythema ap-

pearing for many reasons to be tuberculous, and as it supervened on the occasion of secondary syphilis it would seem that it must have been a Herxheimer reaction occurring on the soil of a double associated affection, hybrid in form, similar to certain cases of pleurisy in the subjects of syphilis.—*Le Monde Medicale.*

Hernia of the Urinary Bladder—Notes of Cases, with Remarks on Strangulation of Femoral Herniae and Its Treatment.

Blakeway (London Lancet) says that hernial protrusion of the urinary bladder is a comparatively uncommon complication of inguinal and femoral herniae. Diagnosis cannot usually be made before operation, though symptoms and statements of the patient may suggest it.

This difficulty of diagnosis and its rarity have led in many cases to injury to the bladder during operations for relief of hernia.

The author has operated upon five cases of hernia in which the bladder protruded. Three were males and two females. The ages varied between forty-eight and seventy-one years. All were on the right side, of the direct inguinal variety in two of the males, and of the femoral type in the other three cases. A sixth case was seen in which diagnosis was made without operation.

In all the cases operated upon the relative position of the sac and the herniated process of the bladder were similar. The bladder protrusion in all cases involved the whole thickness of the bladder wall. It was closely applied to the inner side of the neck of the sac, and in each case was about the size of a walnut. At operation it was always found collapsed and might easily have been accidentally wounded or ligated.

Any thickening about the inner side of the sac of an inguinal or femoral hernia, especially if of long standing, should excite suspicion.—*Charlotte Medical Journal.*

Surface Temperature in the Diagnosis of Surgical Abdominal Conditions.

In the seventies and eighties of the last century a number of observers made investigations of variable extent on the features and value of surface thermometry. M. E. Alexander (*N. Y. Med. Jour.*,

1919, cix, 1077) has recently investigated fifty normal cases and 250 cases of diseases of abdominal organs. He states that surface temperature can be determined by folding the skin over the bulb of an ordinary clinical thermometer and reading it after three minutes' registration. It should be compared with the opposite side. In surgical inflammations of the abdominal viscera (except kidneys), there is no elevation of temperature of the skin overlying them. In unilateral inflammation of the kidney there is frequently a localized elevation of surface temperature. In 74 per cent of the cases of unilateral suppuration of the kidney the surface temperature on the affected side was 1 degree F., or more, higher than on the unaffected side. In advanced tuberculosis of the kidney the surface temperature may be lower than on the unaffected side. Determination of surface temperature may be considered an aid in the diagnosis of unilateral suppurative conditions of the kidney.—*American Journal of Obstetrics.*

The Fasting Treatment of Diabetes Complicating Pulmonary Tuberculosis.

Landis, Funk and Montgomery, of Philadelphia, report the results obtained after treating by the Allen fasting method twelve diabetics who were at the same time suffering from tuberculosis. They found no evidence that the dietary restriction exercised an unfavorable influence on the tuberculosis. They found that it is possible for patients with tuberculosis and diabetes to partake of a considerably restricted diet over a period of some weeks and still show an increase in weight and strength, a fall in temperature and a lessening of respiratory symptoms. Other things being equal, they feel that prompt treatment of the diabetes according to the method of Allen, offers the tuberculosis patient the best chance in the ultimate effort to control the tuberculosis. They include a number of detailed case histories and diet, temperature and hemorrhage charts of one patient. The treatment is applicable in the presence of recurring hemoytpsis, and in every case of tuberculosis of the lungs unless the patient is obviously hopelessly ill with the pulmonary lesion, in which case the institution of the autodiabetic treatment would add only further discomfort. (*Reviewer of Tuberculosis*, 1919, Vol. 2, No. 11.)—*Virginia Medical Monthly.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Nurses' Meeting.

The fourteenth annual meeting of the Tennessee State Nurses' Association will be held in Chattanooga, Tenn., October 17-18, 1919. The program for this meeting is unusually full and attractive, and promises a most interesting meeting. It is to be hoped that all nurses interested in the welfare and uplift of the noble profession of nursing will attend, to lend by their presence encouragement to the progressive spirit of their profession. We wish the meeting the fullest success and assure the association of our willing aid and support in every movement of the association tending to elevate and improve the science and art of nursing.

Official Tells Advertising Men Need of Metric Units—Meter-Liter-Gram.

San Francisco, Aug. ——In a recent address before members of the Advertising Club of Baltimore, Md., H. D. Hubbard, of Washington, D. C., Secretary of the U. S. Government Bureau of Standards, made an earnest plea for the adoption of metric units of measurement in the United States.

Mr. Hubbard pointed out that, during the war, American manufacturers were forced to use the metric system in the manufacture of guns and other ordnance, and two principal American locomotive works had to use it in the building of locomotives. If the work on the blue prints for these locomotives had to be done in feet and

inches, Mr. Hubbard said, the locomotives would never have been built. He further said that America by refusing to adopt the metric units is keeping herself as far behind in the matter of proper standards as was China, who has now adopted metric units.

Nursing Schools Opened in Buffalo.

A postgraduate course for public health nurses is to be given in Buffalo for sixteen weeks beginning September 29th, under the auspices of the Buffalo University, the Buffalo Chapter of the American Red Cross, the Department of Health, the District Nursing Association, and the Department of Hospitals and Dispensaries.

An excellent teaching staff has been secured. A certificate will be given to all students satisfactorily completing the course, which will cost $25.00. The class will be limited to thirty, and applicants must be registered in New York State or states having equivalent standards. Application blanks will be supplied by the University of Buffalo, College of Arts and Sciences, Niagara Sq., Buffalo, New York.

Woman Heads Thrift and War Savings in Tennessee—Mrs. John Aust Named Director.

Mrs. John Aust, of Nashville, Tennessee, has been named director of Thrift and W. S. S. for the State of Tennessee, and is the first woman appointed by the government to take over the directorship of the entire work in any state so far organized under the new loan organization established by the U. S. Treasury Department.

Mrs. Aust received her appointment at a conference she attended at the headquarters of the Sixth Federal Reserve District in Atlanta, August 23rd, which was attended by the director of the Sixth District, Mr. Silas W. Davis, and the director of the Woman's Division of the District, Mrs. Samuel Lumpkin.

Mrs. Aust takes charge of the work in Tennessee, as it has already been splendidly established by the men in their division, and the women in their division under Mrs. Aust, Tennessee having to her credit more than nine hundred Thrift and Savings societies.

Aside from the popular interest which is now centering in the

Thrift movement wherever it is organized, a general interest in all districts will be directed toward the state where a woman has been put at the head of the entire movement, which now will be operated as one organization of men and women instead of as two organizations; one under the direction of men; the other under the direction of women.

Mrs. Aust is one of the most prominent and popular women in Tennessee, her native state, and she has been an efficient worker in woman's organizations, as they have made for the various lines of work pursued by women, while during the period of the war Mrs. Aust has been distinguished by her patriotic activities, especially in the Liberty Loan campaigns and in the initiation of the Thrift movement. She was the head of the Woman's Division in Tennessee of the Fifth or Victory Loan, when the women of that state made the best record in the Sixth Federal Reserve District.

Mrs. Aust will have as her assistant in field work Mrs. Horace Smith, of Nashville, who was chairman in Davidson County of the Victory Liberty Loan, and has been chairman of the work of the women in that county in Thrift and Savings societies.

Both men and women will continue to be on the committees in Tennessee which are pushing to make their state the banner state in thrift and savings.

Nurses Wanted.

Briggs Infirmary of this city has several vacancies in its training class for nurses. Should any of our readers know of any eligible young ladies who desire to take up the profession of nursing we would esteem it a favor if they would refer such to Miss Mary M. Sproull, head nurse of Briggs Infirmary.

Typhus Raging in Europe.

An epidemic of typhus is raging in Europe and the Red Cross is taking an active part in the effort to stamp out the disease.

Henry P. Davidson reports that 275,000 cases have been found in the belt extending from the Baltic to the Black Sea, and there is appalling distress in Poland, Lithuania and the Balkans.

The Red Cross has sent 200 representatives to Poland in response to a pathetic appeal from Paderewski. Edicts calculated to stop the spread of the disease have been published in that country, one of them being an order that every person shave and bathe. About 100,000 cases have been reported and the death rate is high.

At the conference held in Cannes, recommendations were made to enlist Red Cross societies to establish a permanent committee of medical experts of the allied countries to deal with the typhus problem.

Coffee in Strangulated Hernia.

At rare intervals cases have been cited in which the use of caffeine or simply coffee has apparently been of value in the reduction of strangulated hernia. Naturally it is associated with localities remote from hospitals. This treatment is by no means new, and as far back as 1857 a case was reported in *El Sialo Medica.* A man of thirty-eight, who wore a double truss for hernia, suffered from strangulation on one side after a powerful muscular effort. Taxis was of no avail, and the patient was suffering much pain. An octogenarian practitioner who was present mentioned an odd but sovereign remedy in use in Havana, which he had seen to be efficacious on many occasions. Invited to test it, he ordered hot black coffee with but little sugar, one cup every quarter hour. After the fifth cup there was a rush of air heard, and after the ninth the hernia was spontaneously reduced. The publication of this case led to a second report in the *Bulletin de therapeutique* in which two favorable results of the same class are given, both patients being old women. The strangulation had followed removel of the truss. After two and four cups respectively the hernia reduced itself spontaneously.—*Medica Record.*

Obituary

Dr. J. Bunyan Stephens.

August 6, 1919, Dr. J. Bunyan Stephens, aged 82, died after many years of practice of medicine in Nashville and vicinity. He was also well known as a preacher in the Primitive Baptist Church,

and his ministrations in that church extended over many years of his life. Dr. Stephens for a number of years was a member of the faculty in the Nashville Medical College. A successful career in the two professions is not often experienced. In the medical history of the city we can recall only one other instance in which the two professions were joined and that was Dr. John M. Watson, who was one of the pioneer faculty of the Medical Department of the University of Nashville. Dr. Stephens, as did Dr. Watson, ranked high in both medical and religious circles. Dr. Stephens was a man of great force of character, an excellent and well-beloved minister and physician, and a greatly respected member of the community of which he was a distinguished part. We append a notice of his death taken from the *Daily Banner.*

"To thousands in Nashville and Middle Tennessee for whose spiritual and corporal welfare he so nobly labored, the death of Dr. J. Bunyan Stephens brings a deep sense of personal loss. For he was a good physician of the soul as well as of the body. For more than fifty years he practiced medicine here, and for an equal length of time he was pastor of the First Primitive Baptist Church. Probably no minister in the South has held a pastorate continuously for so long a period.

Dr. Stephens served as a member of the faculty of the medical school of the University of Tennessee for twenty-five years when that institution was located in Nashville, and at the same time practiced medicine. But of the two professions he considered that of healing souls the more profound. Content to preach the gospel as he found it in the Book of Books, he seldom in his sermons referred to politics, liquor, cigarettes, dancing and other debatable topics.

His was the religion of the early Christians who looked not upon death as a cause for sorrowing, but rather as an occasion for rejoicing—the hour when "death is swallowed up in victory": the season of entering into eternal life. As an evidence of his belief, half a century ago he began advocating the use of white caskets and white crepe when one of his flock "passed from death into life" instead of the mournful, dismal black. And so yesterday, when his body was laid to rest, it was enclosed in a coffin of snowy white.

While the multitude who knew and loved him will feel most keenly the loss of this great healer, yet will they not be unmindful of his doctrine; in the spirit they will rejoice with him as he enters into the joys of his Lord.

Publisher's Department

Safeguarding the Weak Heart.

The sufferer from chronic heart disease needs constant attention to his digestion and nutrition. An attack of indigestion or a slight "falling off" in the nutrition may so increase the burden on an hypertrophied heart that its compensation may be lost forever. At the first sign, therefore, of digestive trouble or nutritional dcline in cardiac patient,s Gray's Glycerine Tonic Comp. should be administered in usual dosage. Its therapeutic action is promptly manifested, and the effect of this dependable tonic in restoring the digestive and assimilative functions to normal activity, reduces without delay the stress under which a weak and defective heart may otherwise be forced to labor.

In addition to the important service it thus renders by stimilating vital functions throughout the body, Gray's Tonic Comp. acts directly on the heart, imparting tone to the cardiac muscle and aiding and supporting its action.

To sum up the effect of Gray's Tonic Comp. in the treatment of cardiac patients, it is evident that it not only *increases the power* of the heart, but materially *decreases the "load"* it has to carry.

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see page —, this issue), which is an elegant preparation.

Sleep for the Aged.

It often happens that elderly patients suffer from restlessness and sleeplessness, which they may need badly. The physician hesitates to give chloral or the bromides and may be put to his very wits' end to find an agent that is effective and at the same time safe for these old patients.

In Pasadyne (Daniel) he will find a sleep producing preparation upon which he may rely to bring about quiet and restful sleep, and which is not distressing. Pasadyne (Daniel) is simply the concentrated tincture of passiflora incarnata, and has marked somnifacient properties. In the aged it has a special field of usefulness, for it does not depress these old people, a condition which must be carefully guarded against. Pasadyne (Daniel) may be fully depended upon. A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Georgia.

Cod Liver Oil in Summer.

A great many physicians have the idea that the administration of cod liver oil during the summer is not possible, on account of the stomach's objection to the ingestion of fats.

If Cord. Ext. Ol. Morrhuae Comp. (Hagee) is employed, the advantages offered by cod liver oil may be enjoyed during the summer just as well as during colder weather. The feature of superiority of Cord. Ext. Ol. Morrhuae Comp. (Hagee) lies in its exceptional palatability and freedom from the obnoxious

oily properties of the plain oil. At the same time it offers to the patient every therapeutic and nutritional virtu that the plain oil has, for in its process of manufacture the essential active elements have been retained. It has been shown that th superior thrapeutic propertis of cod liver oil depend upon these active elements.

The physician may be assured that in Cord. Ext. Ol. Morrhuae Comp. (Hagee) he is giving his patient not only a palatable cod liver oil proportion, but also one that possesses the excellent and dependable qualities of plain cod liver oil.

Intestinal Stasis.

This condition of chonic constipation accompanied by intestinal fermentation and other sequelæ can best be permanently relieved by assisting nature to do her work. Prunoids encourage and gently induce the intestinal canal to resume its normal action, and effect this object without causing pain or produciug the after-effects which rarely fail to follow the use of the ordinary purgatives and laxatives.

A Heart Tonic Rather Than a Stimulant.

Cactina Pillets owe their value to the fact that they act as a heart tonic, and their use therefore may be recommended for cases of long standing functional heart trouble. Especially is the weak, intermittent or extremely rapid heart steadied, strengthened and toned up by their systematic employment. One to two Pillets every two or three hours will produce, in a short time, an effect that will be greatly appreciated by the patient who suffers from functional cardiac disease.

Gastralgia.

Painful recurrent attacks of gastralgia may be prevented by taking two teaspoonfuls of Seng shortly after meals. Seng has a remarkably beneficial effect i nthe treatment of all functional gastric disorders, a fact borne out by the clinical experience of many physicians. It increases secretory activity and soothes irritation of the gastric mucous membrane.

Sleeplessness.

Peacock's Fromides bring about sleep in a natural manner, that is, by producing a physologic cerebral anemia. This well-known preparation is safe as well as effective and the administration of two to four teaspoonfuls an hour or two before going to bed will produce a sound, restful sleep, from which a patient will awaken, refreshed, rested and entirely free from the depression and ill-effects so common to other hypnotics. Peacock's Bromides do not disturb the stomach nor induce a habit.

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W. T. BRIGGS, B.A., M.D., Associate Editor.

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Original Communications

WILL THE FLU RETURN?

Authoritative Statement Issued by the United States Public Health Service.

Probably, but by no means certainly, there will be a recurrence of the influenza epidemic this year.

Indications are, that should it occur, it will not be as severe as the pandemic of the previous winter.

City officials, State and city boards of health, should be prepared in the event of a recurrence.

The fact that a previous attack brings immunity in a certain percentage of cases should allay fear on the part of those afflicted in the previous epidemic.

Influenza is spread by direct and indirect contact.

It is not yet certain that the germ has been isolated, or discovered, and as a consequence there is yet no positive preventive, except the enforcement of rigid rules of sanitation and the avoidance of personal contact.

A close relation between the influenza pandemic and the constantly increasing pneumonia mortality rate prior to the fall of 1918 is recognized.

It is now believed that the disease was pretty widely disseminated throughout the country before it was recognized in its epidemic state. This failure to recognize the early cases appears to have

largely been due to the fact that every interest was then centered on the war.

Above are the important facts developed by the United States Public Health Service after a careful survey and investigation of the influenza pandemic of 1918-19, carried on in every State and important city, and even in foreign countries.

No one of the many experts of the Service would make a more positive forecast of the all-important question, will there be a recurrence? All agreed, however, that a recurrence was not unlikely, and in the face of the known facts, that it would be wise to be prepared, more with a view of being on the safe side than actually anticipating danger.

The following excerpts from the Government report are published for the benefit of the public and health officers in the hope that this will serve to set at rest the daily publication in the newspapers of statements, which on one hand are calculated to lull the public into a sense of false security and on the other to unduly cause alarm.

Contrary to the opinion expressed frequently during the early weeks of last year's pandemic by a number of observers, the studies of the United States Public Health Service indicate that the epidemic was not a fresh importation from abroad. Careful study of the mortality statistics of the United States shows that there were a number of extensive though mild forerunners of the pandemic during the previous three or four years. In Chicago and New York in the winter of 1915-11, for example, these were sufficiently well marked to occasion considerable public comment at the time, leading, in the latter city, to a well-organized "Don't spit, don't sneeze" campaign on the part of the health authorities. The reports of the United States Public Health Service of January, 1916, show influenza to be epidemic in twenty-two states, including practically all sections of the United States. The epidemic was generally of a mild type and has since been almost forgotten. It occasioned, however, a noticeable increase in the recorded death rate from pneumonia.

In the spring of 1918 there was another sharp rise in the mortality rate from pneumonia. In the larger cities of the Atlantic

seaboard these increases occurred during January, February and March. In the rest of the country, especially the central and western states, the increase occurred in April, a month during which pneumonia mortality is generally on the decline. This increase was sufficient to indicate a strong departure from the normal. The increased mortality rate extended into May and in some areas even longer.

This occurrence has, it is believed, a definite significance in relation to the influenza epidemic. In the United States in the spring of 1918 a number of definite local outbreaks of influenza were observed; thus in Fort Oglethorpe, near Chattanooga, Tenn., in March; in Chicago during March; in San Quentin prison, California, in April, October and November. At Camp Funston recurrent outbreaks of pneumonia were observed in March, April and May of 1918, and were definitely associated with coincident epidemics of a mild type of influenza.

The rise in mortality from pneumonia, this very similar type of disease, in the spring of 1918 is so sudden, so marked and so general throughout the United States as to point very clearly to a definite relation. Everything indicates that the increased mortality from pneumonia in March and April of 1918 was the consequence of a beginning and largely unnoticed epidemic of influenza, the beginning in the country of the pandemic which developed in the autumn of that year.

In the British cities the epidemic manifested three distinct waves —the first and slightest in point of mortality occurring in June and July, the second and most severe in November, the third in February and March. Data which need not be cited here in detail indicate that the course of the epidemic in western Europe generally was similar. In cities of India the sequence was similar, but the mortality far greater. In the United States the epidemic developed more largely in a single wave during September, October and November. If, however, the epidemic already mentioned as occurring in the spring be considered, the first phase and the explosive outbreak of the autumn, the second a third phase of recrudescence is quite evident in many areas. In general, this winter recrudescence was less marked in those cities which suffered most severely in the autumn epidemic.

The prevalence of a serious epidemic of influenza was first recognized in and around Boston in September of 1918. Within about two weeks it was general in the Atlantic seaboard, developing a little later among cities further west. Rural districts were usually attacked somewhat later than large cities in the same sections.

In the cities east of the line of the Appalachians the excess mortality from pneumonia and influenza during the weeks ended September 14, 1918, to March 1, 1919, was approximately 5.6 per 1,000; in cities between the Rocky Mountains and the Appalachians, 4.35; and in those of the Pacific Coast, 5.55 per 1,000.

Notwithstanding this general geographical relation, there are notably wide differences in the mortality rates of individual cities in the same section, even between cities close together, differences which are not as yet explained on the basis of climate, density of population, character of preventive measures exercised, or any other determined environmental factor.

More details can be given only the briefest mention here. In order to secure reliable statistics of morbidity the Public Health Service has made special house-to-house surveys in a number of localities, ascertaining the number of persons affected, the dates of onset, and a few other simple facts accurately enumerated groups representative of the general population. Partial analysis of the results of these surveys in eight localities,giving anaggregate of 112,958 persons canvassed, shows the following as the chief facts of interest:

The percentage of the population attacked varied from 15 per cent in Louisville to 53.3 per cent in San Antonio, Texas, the aggregate for the whole group being about 26 per cent. This agrees with scattered observations in the first phase of the 1889-90 epidemic, when the attack rate seems to have varied within about these limits.

The case incidence was found to be uniformly highest in children from five to fourteen years old, and progressively lower in each higher age group. It was slightly higher in females than in males of corresponding age; usually higher in the white than the colored population.

The ratio of pneumonia cases to total population varied from 5.3 cases per 1,000 in Spartanburg, S. C., to 24.6 per 1,000 in the

smaller towns of Maryland. The pneumonia rate showed little correlation with the influenza attack rate.

The ratio of deaths to population varied from 1.9 per 1,000 in Spartanburg to 6.8 in Maryland towns. The death rate was by no means parallel to the influenza attack rate, but was closely correlated with the pneumonia rate. In other words, the case fatality rate of pneumonia tended to be fairly constant, around 30 per cent. The death rate was notably high in children under one year old, in adults from twenty to forty, and in persons over sixty; higher in males than in females of comparable ages; higher among the whites than the colored.

Concerning the important question of immunity conferred by an attack of influenza, the evidence is not conclusive, but there is reason to believe that an attack during the earlier stages of the epidemic confers a considerable, but not absolute immunity in the later outbreaks.

In general, the pandemic of influenza was largely similar to that of 1889-90 in its development, first a mild form, later in a severe world-wide epidemic, in the rapidity of its spread and its high case incidence. It has, however, been notably different in a much higher mortality, especially among young adults. Such evidence as has been gathered confirms the conclusion previously reached that it is transmitted directly and indirectly by contact. It appears probable, however, that the infection was already widely disseminated in this country sometime before a serious epidemic was recognized.

Despite the fact that there is still some uncertainty as to the nature of the micro-organism causing pandemic influenza, one thing is certain, that the disease is communicable from person to person. Moreover, judging from experience in other diseases, it is probable that the germ, whatever its nature, is carried about not only by those who are ill with influenza, but by persons who may be entirely well. Everything which increases personal contact, therefore, should be regarded as a factor in spreading influenza.

Much was heard last winter of the use of face masks. Though the use of suitably constructed masks will reduce the interchange of respiratory germs through inhalation, it must be remembered that there are many other paths by which such germs are transmitted from person to person. Soiled hands, common drinking cups, im-

properly cleaned eating and drinking utensils in restaurants, soda fountains, etc., roller towels, infected food—these are only a few of the common vehicles of germ transmission. The use of face masks appears to make people neglect these other paths of infection, and so the use of face masks has not been attended with the success predicted for them. If we would be more successful in combating influenza greater attention must be paid to the factors just enumerated.

The question of most practical and immediate interest is the probability of recurrence in the near future. Recurrences are characteristic of influenza epidemics, and the history of the last pandemic and previous ones would seem to point to the conclusion that this one has not yet run its full course. On the other hand, this epidemic has already shown three more or less distinct phases and has been more severe, at least in mortality, than the three-year epidemic of 1889-92, facts which justify the hope, though not the conclusion, that it has run its course already.

It seems probable, however, that we may expect at least local recurrences in the near future, with an increase over the normal mortality from pneumonia for perhaps several years; and certainly we should be, as far as possible, prepared to meet them by previous organization of forces and measures for attempted prevention, treatment, and scientific investigation.

There should be no repetition of the extensive suffering and distress which accompanied last year's pandemic. Communities should make plans now for dealing with any recurrence of the epidemic. The prompt recognition of the early cases and their effective isolation should be aimed at. In this connection, attention is called to the fact that the cases may appear to be just ordinary colds. A recent extensive outbreak of what were regarded as "summer colds" in Peoria, Illinois, proved on investigation to be an epidemic of a mild type of influenza. Experience indicates that these mild epidemics are often the starting points of more severe visitations. Hence every effort should be made to discover as early as possible any unusual prevalence of "colds."

For municipalities operating on a budget basis, it is important that all delay in providing the necessary financial support to the health authorities in dealing with a recurrence of the epidemic be

avoided by setting aside an emergency epidemic fund. This may prove of the greatest value in carrying out important preventive measures in the early days of the epidemic, at a time when their beneficial effect is greatest.

The most promising way to deal with a possible recurrence of the influenza epidemic is, to sum it up in a single word, "Preparedness." And now it is the time to prepare.

Consumption vs. Tuberculosis.

A number of years ago I called attention to the erroneous use of tuberculosis and consumption as synonymous terms. Tuberculosis may lead to consumption, but it is not necessarily a wasting disease. In a great number of tubercular cases, instead of losing, the patient may gain in weight. Hence it is not consumption, for it does not consume the tissues of the body. Again, there are many other diseases that may lead to consumption, namely, diabetes, cancer, nephritis, etc. In other words, any disease producing loss of weight by wasting away of the tissues is consumption.

Before the discovery of the tubercle bacillus the term consumption was properly used, indicating wasting away. Using the terms *tuberculosis* and *consumption* indiscriminately fosters quackery and charlatanism. I have seen many cases where the tubercle bacillus was found in the sputum, and when the doctor told the patient he had tuberculosis the patient used the term consumption, became frightened and went to the advertising quacks. The charlatans claimed they cured consumption, whereas the patient did not have a wasting disease, merely a closed case of tuberculosis.

It behooves the medical profession to explain to the public that tuberculosis without loss of weight is not consumption.—*Medical Review of Reviews.*

Extracts from Home and Foreign Journals

The Treatment of Keloid by Injections of Creosoted Oil.

Dr. Lesieur (*Jour. de Med. de Paris*) employs injections of creosote in sterile olive oil, 10 c. c. of the former in 150 c. c. of the latter, in the treatment of keloid. The puncture is made in the sound skin close to the growth and the oil injected beneath, but not into the keloidal tissue. From two drops to five c. c. are injected at each treatment, care being taken not to overdistend the tissues; the injections are made every two days or even every day, according to circumstances. There is at first a diminution, later complete disappearance of the rosy or violaceous tint of the keloid, itching and pain if present, cease with the first injection; the skin becomes supple and the growth finally flattens out and disappears. These results are obtained in from fifteen days to two months; in some instances, however, it may be necessary to continue the treatment for six months. The author has employed this method of treatment in 100 cases and regards it as very satisfactory.—*Practical Medicine.*

Trans-Rectus Incision in the Upper Abdomen.

R. F. Farr (*Minn. Medic.*, May, 1919) urges that the impunity with which the rectus muscle may be divided should be kept in mind by all surgeons. If the advantage of this point is utilized in certain cases, an ideal exposure may often be obtained which with the vertical incision is impossible and frequently an almost impossible proposition may be converted into a smooth, easy operative procedure. One should not become wedded, so to speak, to any particular incision. In certain types the vertical, Robson's or Bevan's modification of the same gives the best possible exposure. In the broad, flat, corpulent type the trans-rectus cut will afford the best approach. The advantages of the vertical cut may be used if desired. This practice of varying the incision to suit the case, depending upon the conformation of the patient's body and the pathological problems present, has given him the greatest satisfatcion. —*Inter. Journal of Surgery.*

Aberrant Wassermann.

The *Journal de Medecine et de Chirurgie Pratique* states that even the best technique may be vitiated by a faulty interpretation. Too great dependence on a negative reaction may result in vicious interpretation, and this is true of the entire course of the disease. Whatever the serodiagnosis, the Wasserman is not a safe guide to treatment, which must be pursued along the old lines—that is, the patient must get his three or four years of treatment, just as if no reaction had been taken; but the latter should, of course, be practiced for statistical purposes. This doctrine is applicable only to the first year of the disease. In ancient syphilis diagnosis by the Wassermann may be the basis of treatment. To use the Wassermann on a syphilophobic as a means of convincing him of his freedom from the disease should not be tolerated, because of the possibility of swindling the patient. In regard to permitting marriage, Wassermann tests should be excluded and no marriage sanctioned until six years after infection and eighteen months after the latest symptoms. This is the general rule, but the period may be reduced to three years in certain cases kept at the start on intensive treatment with a series of negative reactions.—*Charlotte Medical Journal.*

Treatment of Gunshot Wounds of the Bladder.

Kidd (*British Medical Journal*) says that the following methods are used in gunshot injuries of the bladder: (1. The intermittent use of the catheter. 2. Immediate suprapubic systotomy. 3. Regular periodical expression of the urine. 4. The use of the tied in catheter. Of these the two first do not fulfill the conditions and should be abandoned. The author has employed the fourth method with the greatest success when certain very necessary precautions have been observed, but he is inclined to believe that the third method, when properly carried out, may prove to be the best. The doctor's plan of using the tied in catheter is to irrigate the anterior urethra thoroughly with a quart of warm water containing two drams of the oxycyanide of mercury and then to pass a sterile soft rubber catheter of No. 9 or No. 10 English scale. The urine is collected in a bottle. The catheter should be changed every fourth

day, the urethra being irrigated at each change.—*Charlotte Medical Journal.*

Preoperative Demonstrations of Malignant Metastases.

Whiteford, in *The London Lancet,* mentions a case in which silent metastatic growths were demonstrated rontgenographically in the mediastinum in a patient with an otherwise easily operable cancer of the breast. The writer then emphasizes the fact that the thoracic cavity may be the site of early, silent metastases in nearly every form of malignant disease. These metastases can usually be demonstrated by means of radiography, and their discovery will save many a patient from utterly useless operation and will improve the recovery records of early radical operation. It should also be possible to demonstrate metastases in other regions than the thorax. The examination for such metastases should be made as a routine before operation is undertaken.

Eggs in Liquid Form.

During recent years the export from China of eggs in liquid form, preserved with boric acid, has developed very large proportions. Prior to the war relatively small quantities of this material were imported into England, the bulk of it going to Germany. The small quantities imported were used principally for industrial purposes, such as leather dressing, and to a limited extent for confectionery. After the outbreak of the war large consignments arrived at certain British parts as cargoes in prize ships, and since then large quantities have been imported in the ordinary course of trade. These products occasionally arrive in the form of whole eggs mixed, but usually the egg yolk and egg albumin are sent separately. Samples of yolk taken from consignments arriving in the city of London were examined by the city analyst and found to contain boric acid in amounts varying from 1.35 to 2.08 per cent. When boric acid is relied on alone for preservative purposes the amount aimed at appears to be 2 per cent. Sometimes, however, common salt up to 10 per cent is used with a smaller amount of boric acid. It is contended that these large amounts are necessary

for effective preservation owing to the length of the voyage and the passage through the tropics.—*Journal American Medical Association.*

Comparative Activity of Local Anesthetics.

The efficiency of the difficulty soluble local anesthetics for mucous membranes, according to Sollmann, may be demonstrated on the cornea of rabbits or on the gums of human subjects. An approximate estimate of their relative efficiency may be obtained by comparing dilutions made with talcum powder. On the cornea, anestheism, cycloform, orthoform-new and propraesin appear to be practically equivalent. They are certainly effective in concentrations of 10 per cent; uncertain at 5 per cent and practically ineffective at 2.5 per cent. The anesthesia persists for from ten to fifteen minutes with 10 per cent, from fifteen to thirty minutes with 25 to 100 per cent. On the gums a greater variation was noted. The minimum concentrations giving almost complete anesthesia were as follows: Cycloform, less than 2.5 per cent; anesthesin, from 2.5 to 5.0 per cent; propaesin, from 5.0 to 10.0 per cent; orthoform-new, from 10.0 to 25.0 per cent.—*Journal American Medical Association.*

A Thermometer in the Intestine.

A case, perhaps unique, is reported in the *Journal de medecine de Bordeaux.* The patient was an old man with tuberculosis, who had also been under treatment for a severe case of grippe, during which, after rectal thermometry, the instrument vanished. The rectum was explored to no purpose. Radiography showed the presence of the object in the sigmoid. To extract it it was necessary to do laparotomy and then make a button hole in the colon. Death having occurred from grippe, autopsy showed that the intervention had been a technical success. In other cases of lost thermometer the instrument has, as far as known, been recovered through the natural passages. In future in this clinic the rectal thermometer will be introduced, mounted with a cork, which will prevent its slipping into the rectal ampulla.—*Medical Record.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Government Wants Workers in Venereal Disease Campaign.

The recently created Interdepartmental Social Hygiene Board of the United States Government is in need of a number of specialy trained men and women to complete its organization. The United States Civil Service Commission has announced examinations for the following positions: Chief of division for scientific research, $3,500 to $4,500 a year; chief of division for educational research and development, $3,500 to $4,500 a year; educational assistant, $2,800 to $3,60 a year; chief of division of relations with states, $3,500 to $4,500 a year; chief of division of records, information and planning, $3,500 to $4,500 a year; supervising assistant and inspector, $2,800 to $3,600 a year; field agent, $1,800 to $3,000 a year. All positions are open to both men and women.

Applicants for these positions will not be given scholastic tests in an examination room, but will be rated upon their education, experience and writings. Published writings of which the applicant is the author will be submitted with the application. For most of the positions a thesis on one of a number of given subjects will be accepted in lieu of published writings. The receipt of applications will close on November 4. Detailed information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or from the secretary of the United States Civil Service Board at the postoffiec or customhouse in any of 3,000 cities.

Th law creating the Interdepartmental Social Hygiene Board provides for the co-operation of the War and Navy Departments and the Public Health Service of the Treasury Department for the prevention, control and treatment of venereal diseases. The duties of the board, as set forth in the act, are (1) to recommend rules and regulations for the expenditure of moneys allotted to states for the use of their respective boards or departments of health in the prevention, control and treatment of venereal diseases; (2) to select universities, colleges or other suitable institutions which shall receive allotments for scientific research for the purpose of discovering more effective medical measures for the prevention and treatment of venereal diseases; (3) to recommend such general measures as will promote correlation and efficiency in carrying out the purposes of the act; and (4) to direct the expenditure of certain moneys appropriated by the act.

Obstetricians and Gynecologists Elect Officers.

At the thirty-second annual meeting of the American Association of Obstetricians and Gynecologists, held in Cincinnati, September 15 to 17, under the presidency of Dr. John F. Erdmann, New York, the following officers were elected: (President, Dr. George W. Crile, Cleveland; vice-presidents, Drs. Palmer Findley, Omaha, and David Hadden, Oakland, Cal.; secretary, Dr. E. Gustav Zinke, Cincinnati (re-elected), and treasurer, Dr. Herman E. Hayd, Buffalo. The next meeting will probably be held in Atlantic City, N. J., September 13 to 15, 1920.

San Francisco, Oct. 7.—Among messages of support received by the World Trade Club of San Francisco in their campaign for world-wide adoption of metric units of weight and measure, a large number have come from the foremost engineers of U. S. America and Britannia.

John Hays Hammond, great mining engineer, wired the World Trade Club from Washington, D. C.: "I endorse metric system as the universal standard. I am convinced from an extensive study of international commerce that the adoption of the metric system would greatly facilitate promotion of the export trade of America."

Thomas Corwin Mendenhall, of the United States Geodetic Survey, who has the added distinction of being the one to induce President Harrison to promulgate the Board of Geographic Names, said in a presidential address before the Engineers' Societies, of meter-liter-gram: "These units are bound to come into universal use in the near future. The prodigious advantages attainable through their simplicity, economy and uniformity assure their world-wide use."

The American Institute of Electrical Engineers has voted for the adoption of meter-liter-gram for general use, by a large majority.

"Not one of the accurately standardized gages at present in use in British and American engineering workshops will need to be changed when the metric system is adopted," is the declaration made by the great inventor, Lord Kelvin.

Metric Literature Translated Into Dutch.

San Francisco, Oct. 7.—The World Trade Club of San Francisco has gained world-wide notice in its campaign for the adoption of the metric units of weights and measures by all nations. They have just received from Holland a publication which has quoted large extracts from the World Trade Club's pamphlet on the metric system, entitled "Keep the World War Won." The publication, in Dutch language, is issued by the Konikiljk Institute of Engineers at The Hague. It gives hearty support to the arguments advanced by the World Trade Club in support of world standardization of weights and measures to meter-liter-gram.

Nurses Win Greek Decorations.

Eight nurses of the American Red Cross have been decorated by King Alexander of Greece with the Medal of Military Merit for their work in fighting the typhus epidemic in Macedonia.

The nurses were Miss Sara Addison, Baltimore; Miss Marie Glauber, Chicago; Miss Alma Hartz, Davenport; Miss Isabelle Martin, San Francisco; Miss Emily Porte, Bridgeport, Conn.; Miss Clarissa Blakeslee, Drexel Hill, Pa.; Miss Edith Glenn, Bristol, Pa., and Miss Florence Stone, Plainfield, N. J.

Miss Blakeslee was stricken with typhus, but has recovered.

In presenting the medals, King Alexander said: "I want to thank you for what you have done for Greece and for humanity in your work in Macedonia. First of all, you saved from starving tens of thousands of Greeks who were repatriated from Bulgaria after the armistice. Then your doctors and nurses extinguished the typhus epidemic which threatened Greece and all the near East. You fed and clothed thousands, and you stamped out typhus and other diseases among the thousands of Greek refugees from Asia Minor."

National Tuberculosis Association.

Editor Nashville Journal of Medicine and Surgery, Nashville, Tenn.

Dear Doctor: While 70,000 of our boys died in France in the fight to "Make the world safe for democracy," 200,000 individuals died in this country of tuberculosis.

This great destroyer directly affects the social and economic life of our people. Because of your interest in the improvement of conditions, we feel that the seventh annual session of the Southern Tuberculosis Conference will appeal to you.

The National Tuberculosis Association extends an invitation to you to attend this conference, at wihch you will hear discussed topics of vital importance to all who live in the Southland. Under separate cover we have sent a program. After reading it, I am sure you will agree that no more significant meeting is held in this country.

May we expect your attendance? The conference will be held in Asheville, N. C., October 24-25, 1919.

Additional programs and information will be gladly given by the undersigned. Very truly yours,

M. A. Auerbach,
Regional Secretary.

Americans Operate "Pioneer" Hospital in Balkans.

With the exception of an operating table and a big sterilizer, two American doctors and two nurses "manufactured" an operating room in the Balkans, at Prizren, in Western Siberia. The doctors in charge

were Captain Bradner and Lieutenant Krug, on detached service with the American army. Their release was obtained by the American Red Cross that they might engage in public health work in the Balkans with the commissions sent by the American Red Cross. Equipment was difficult to obtain in the quantities needed, and their clinic was supplied only with an operating table and a sterilizer. An instrument-sterilizer was made out of tin cans; the table and cupboard were packing cases.

In this operating room they have performed hundreds of surgical operations with a success that has awed the primitive people of the country.

A Real Speed Demon.

It is his indomitable sense of humor that has kept him up. He has the worst fracture in the ward, but he knows cars from Alfalfa to Omaha, as O. Henry would observe. Gasoline is his middle name. When they put a frame over the foot of his bed to keep the covers from touching his leg the white sheets formed a hood unmistakably, and it was a long, low racing car—white with gold trimmings—"the kind ya drive sittin' on the back o' ya neck," he explained. He was challenging De Palma at Indianapolis. Humoring him, the Red Cross man brought him a klaxon, whose stentorian presence caused more than one nurse that passed his bed to stop suddenly and, clutching her medicine bottles, look quickly about her with scared eyes, to the huge amusement of the ward.

"Little girls like you oughtn't to cross the street all by y'r lonely, where nasty automobiles can run over ya!" he teased.

The make-believe chariot varies with his humor. Sometimes it is a Ford bouncing over tortuous roads, or it's a Rolls-Royce, absolutely!

Ward No. 7 will be dull when he goes, even if the klaxon does bring down anathemas upon his head.

A Good Alibi.

Baseball is too "complicated" to become the national sport in Serbia, report American Red Cross workers who have sought to

introduce the game in their child welfare program, but they find the children do like a modified form of "one-eyed cat."

A Joke on "Doc."

The Red Cross doctor was examining a doughboy who had been badly wounded in both hands.

The boy surveyed his injured members ruefully.

"Do you think I'll be able to play the piano when I get well?" he asked.

"Certainly you'll be able to play the piano," said the doctor, emphatically.

"That's funny," remarked the soldier, "I never could play one before."

Southern Medical Association—Thirteenth Annual Meeting.

Asheville, North Carolina, "Land of the Sky,"
November 10-13, 1919.

Editor, Nashville Journal of Medicine and Surgery, Nashville, Tenn.

Dear Doctor: The above is a simple announcement of our approaching meeting. Here is a brief outline of the program:

Monday, November 10th—Section on Urology, Section on Pediatrics, National Malaria Committee (Conference on Malaria), Southern States Association of Railway Surgeons, Conference on Medical Education, Southern Gastro-Enterological Association, and at night a public meeting under the direction of the Section on Public Health.

Tuesday forenoon—The formal opening with the addresses of welcome, address of the President, Dr. Lewellys F. Barker. the Orations on Medicine, Surgery and Public Health, etc.

Tuesday afternoon, Wednesday and Thursday—Section on Medicine, Section of Public Health, Section on Surgery and Section on Eye, Ear, Nose and Throat. Also on these days the American Child Hygiene Association (formerly the American Association for the Study and Prevention of Infant Mortality).

Tuesday night—A big general meeting early in the evening followed by a reception to the president at the famous Battery Park Hotel. Wednesday night, another general meeting.

A great program, delightful entertainment, beautiful scenery, balmy climate, fine hotels and plenty, reduced rates on all railroads —everything just ideal for this meeting.

Any mention that you may make in your good journal regarding our approaching meeting will be appreciated. A bulletin with further information will be sent you soon.

Very truly yours,

C. P. Loranz,

Business Manager, Southern Medical Association.

Influenza—Diagnostic Signs.

Thomas F. Reilly gives the following three signs as being of value in the diagnosis of unusual cases of influenza where the absence of early rise of temperature and pulse and respiratory changes make diagnosis difficult:

(1) In a large number of true cases of the respiratory tract there is very marked redness of the opening of the salivary duct just opposite the second molar tooth. The punctum is usually swollen and raised above the level of the cheek and the red spot is seen in the center.

It may easily be inspected by placing a spoon handle in the side of the mouth and retracting it.

(2) The presence of fine crackles at both bases of the lungs posteriorly, near the vertebrae is—with some exceptions—prima facie evidence of influenza in a case where there is history of an acute onset.

(3) After the disease has spent itself, frequently a cough closely resembling whooping cough persists. In these cases redness over the arches of the palate—varying from one-third to one-fourth inch in width, and sometimes extending to from a complete—will nearly always be found.—*Prescriber, Practical Medicine.*

Reviews and Book Notices

Why the Ideals of Modern Speech Development Are Not Attained in the Speech Drill of Telephone Operators. By Walter B. Swift, M.D., Expert Advisor Speech Defects. The English Journal, Vol. VII, No. 2, February, 1919.

Summary: It was lately recommended that speech training used for telephone operators could also be used in the training of speech of those with defects and indistinct English. On investigation these telephone methods appear to be a little more than pronuncing very clearly a series of words that are usually often used by telephone operators. No doubt this secures clearness, but I am told at the headquarters where this is done that it is not lasting always, that it sometimes is used only when the individual is telephoning and then in using speech they relapse to slovenliness.

Speech Elements in Tabes: Sign and Treatment. By Dr. Walter B. Swift and Hugh G. Beatty. The Laryngoscope, St .Louis, January, 1919.

Summary: Dr. Swift, of Boston, and Dr. Beatty, of Columbus, Ohio, have studied some cases of tabes with speech defects. They find the trouble due to lack of sensorial control and suggest that in order to establish this acuteness of ear hearing be developed into what Dr. Swift calls a "listening check up repetition."

The Dynamics of Abdominal Herniae.

H. R. Frick (*N. Y. State Jour. Med.*, 1919, xix, 166) states that the most potent force in the production of abdominal herniae lies latent *inside* the bowel and is applied from within, outward, *i. e.*, increased intravisceral pressure due to concentric compression exerted by the muscles of the abdominal wall. Developmental defects do not cause herniae, but they represent the sites of potential herniae and are more probably the result of this force applied during intrauterine life. Proper repair of the transversalis fascia determines the integrity of the abdominal wall at that point. This theory differs from the theory suggested by Alexis Moschcowitz, only in an attempt to describe the forces in detail.—*American Journal of Obstetrics.*

Publisher's Department

POST-OPERATIVE CONVALESCENCE.

A prominent surgeon recently said: 'We give too little attention to our patients after severe operations. The wound receives ample care, but too often we overlook the patient himself and the more or less severe depression of vital functions incidental to the inevitable shock to his nervous ysstem. Then, in many instances, we wonder why a patient does not recover more promptly and remains a semi-invalid so long. In thinking the matter over, I came to the conclusion that a good systemic tonic was indicated in the great majority of cases. I, therefore, commencel the practice of administering Gray's Glycerine Tonic Comp. after every operation. The results have more than justified my conclusions and I not only have the satisfaction of seeing my patients recover more rapidly and uniformly, but I am now seldom, if ever, called on to answer that inquiry that was once so general, 'Doctor, why don't I get back my strength?' The routine use of Gray's Tonic Comp. obviates any reason for such a question."

MODERN DAY DEMANDS.

The demands of the present-day doctor are for palatability as well as a therapeutic potency of the various agents brought to his notice. This demand he now makes of cod liver oil, for he realizes that a drug may be ever so potent, but if it is not palatable a great part of its value is taken from it, for it cannot be given over long periods or to patients with delicate stomachs.

It was in meeting these demands that Cord. Ext. Ol. Morrhuae Compa. (Hagee) gained its great popularity with the medical profession. In its manufacture the essential elements of the crude cod liver oil have been preserved and thus the patient gets the full benefit of the therapeutic properties of the oil without its objectionable qualities. Cord. Ext. Ol. Morrhuae Comp. (Hagee) being a palatable product may be continued over long periods without giving rise to gastric distres. By the same token it is thoroughly acceptable to the most fastidious stomach.

RELIEF OF HEADACHE WITHOUT DEPRESSION.

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PASADYNE (Daniel) is a concentrated tincture of passiflora incarnata and will be found of much value as a sedative and somnifacient, as well as an anodyne. There are so many cases in which it is not desirable to use an opiate or coal-tar derivative. Its usefulness in these cases has earned for it a great dependence by hundreds of exacting practitioners.

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NASHVILLE JOURNAL
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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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Original Communications

The following is an article published in the September number (1878) of the NASHVILLE JOURNAL OF MEDICINE AND SURGERY two years before Laveran made his famous discovery of the "Malarial Plasmodium":

THE REASONABLE THEORY OF MALARIA.

BY J. W. M'CALL, M.D., HUNTINGDON, TENN.

The etiology of malarial disease, and what it is, has puzzled the minds of the best informed medical men of the age. It is a problem that has never been satisfactorily solved. Page upon page has been written on the subject, theory after theory has been advanced, elaborate articles occasionally make their appearance in the journals attempting to establish some fancied or well-founded theory of the disease, but they all fail to shed that light on the subject necessary to give satisfaction to the enquiring mind.

It is not intended, if the writer felt able to do so, to enter into an argument against or to discuss the merits of these various theories. It is merely desired to call the attention of the medical profession to what seems to be a reasonable theory of what is known as "malarial fever," taking chills and fever as the type. The one proposed as a reasonable theory is the parasitic theory. It is thought that these parasites come from vegetable decomposition. When the thermometer rises to 60 degrees F., and remains at that height some time, and there is moisture and dead vegetable matter present, fermenta-

tion and decomposition result. It is assumed that this decomposition causes the generation or formation of what is conveniently termed "malarial parasitic germs," which rise in the atmosphere and are inhaled into the lungs with the air we breathe, and absorbed into the circulation through the bronchial mucous membranes. Less frequently do the germs find their way into the blood by absorption from the alimentary canal, and when this is the case it will be found upon investigation that the water used is loaded with decomposing matter, and as a consequence the "malarial parasitic germs," notwithstanding they have never been demonstrated in the laboratory or by the microscope, the periodicity and course of the disease is enough to warrant the assumption of the existence in the system of a person laboring under chills and fevers of a swarm or crop of organic bodies, that have a regular stage of latency, or a stage of incubation, stage of active life and death, as is proven by observing the course from the termination of one paroxysm to the termination of the next. It matters not which of which routes is taken, through the lungs or alimentary canal, by the little intruder, it finally reaches the place most suitable to its habitation, the internal viscera, and especially the liver and spleen. It is not presumed that these germs have any affinity for these two organs in preference to any other; it is thought that their arrest there is in consequence of the more difficult circulation of the blood through their complicated structure. Every organ suffers more or less in proportion to the degree of vital resistance with which it is endowed; thus, if there be a weak and sluggish capillary circulation of the brain or nervous centres, cerebral or spinal symptoms may be expected, and the same of every other organ similarly affected. When the excretory organs are in an active and healthy condition, these germs, if not too numerous, may be thrown off like other effete matter of the body, and no appreciable disease is left; on the contrary, if the system be in a debilitated condition from any cause that tends to lower and impair the activity of these depurating organs, and there is a sufficient amount of germs in the blood, if no prophylactic be used, disease may be confidently looked for.

The assumption is that these germs, or seed, germinate and grow to full maturity and decay, leaving seed in the liver and spleen for their future propagation once in twenty-four, forty-eight or seventy-two hours. When the system is in a favorable condition for

their production, this evolution of life, as stated before, happens once in twenty-four hours; when less favorable, in forty-eight hours, and still less in seventy-two hours.

Each paroxysm has four stages, to-wit:

1. Stage of incubation, or latent stage.
2. Chill, or stage of influx of blood.
3. Fever, or reacting stage.
4. Sweating, or depurating stage.

When in the latent stage, or stage of incubation, the patient has comparative health. This ends in the germination of millions of living, organic bodies in the liver, spleen and other internal organs. It is not surprising that the irritation set up by their presence induces an internal flow of blood to the parts, carrying out a well-established physiological fact, that where there is an irritation, to that prat the blood flows; this constitutes the chill, or stage of influx of blood, or congestion, and if the vital force is not sufficient to subdue the enemy at this point, the patient never rallies, but dies with congestion. In more favorable cases reaction comes on, or fever, or a return of the blood to the peripheral capillary, after a time the fever passes into the sweating stage, with an increased discharge of urine and bilious matter. These excreting organs (the liver, kidneys and skin) are the scavengers of the body, serving not only to throw off the ordinary effete matter, if the body is in health, but also the materies morbi resulting from or the cause of disease.

There is no successful plan of treatment, when well understood, but what tends to strengthen and establish the parasitic theory. All of the tried and approved remedies for chills and fever are the known parasiticides, and this is a fact of considerable importance in support of the parasitic origin. Sulphur and arsenicum in some form are at the top of the list of remedies. Arsenious acid, Fowler's solution, sulphate quinia, sulphate quinidia, sulphate cinchonidia, sulphate cinchona, sulphate soda, hyposulphate soda. Did any one ever think seriously of the amount of sulphur entering the composition of the best remedies in use, and the part it plays in the cure of chills and fever? If it has never had a passing notice, attention is called to the subject by putting the following question, and it is hoped that someone will answer it: Is the success of the sulphate

of the salts of Peruvian bark more attributable to the salts of the bark entering into its composition than to the sulphur?

Any remedy that acts freely upon the liver, exciting copious bilious discharges, will cure or greatly ameliorate malarial fever; the modus operandi is clear, the liver being one of the greatest depots for these germs and one of the most important eliminating organs in the body, the irritation produced by their presence causes the whole organ to become swollen or congested and for a time checks the biliary secretion. Under such circumstances if an active cholagogue be administered, and the liver is thoroughly aroused to the secretion of bile, these parasitic germs are dislodged in the same way that a gorge in a stream would be cleared out by greatly increasing the volume of water above.

There are three elements to be observed in the analysis of the treatment of malarial diseases founded upon this reasonable theory, to-wit:

1. A parasiticide, or remedy that kills the germs or parasites.

2. An eliminator, or a remedy that excites the secretory action of the excretory organs.

3. A tonic, or a remedy that gives tone to the muscular fibre, acting as an auxiliary to the second element.

Taking this view of the treatment, it is not surprising that remedies so dissimilar in their therapeutic action should have the deserved reputation of curing the same disease.

Vivisection in Great Britain in 1918.

The number of experiments on living animals performed in 1918, according to a home office statement, issued recently, was 77,610, or 22,068 more than in 1917. Experiments with anesthetics numbered 1,557; the remainder, inoculations and hypodermic injections, were done without anesthetics. Home office inspectors who witnessed a large number of the experiments, found the animals suitably lodged and well cared for. The irregularities reported were neither numerous nor serious. They all occurred unknowingly; generally from misunderstanding.—*Medical Record.*

An Appeal For Human Embryological Material.

BY WILLIAM W. GRAVES, ST. LOUIS.

In 1906, I observed certain malformations of the human shoulder-blade, and in contributions to current literature I have given them the collective name, "the scaphoid type of scapula," and pointed out some of its hereditary, clinical and anatomical significance.

Probably the most important observation connected with this type of scapula in man is its age incidence, that is to say, it occurs with great frequency among the young and with relative infrequency among the old. There appear to be two possible explanations of this fact:

Either

A—One form of shoulderblade changes into the other during development and growth.

Or

B—Many of the possessors of the scaphoid type of scapula are the poorly adaptable, the peculiarly vulnerable, the unduly disease-susceptible—the inherently weakened of the race.

I have attempted to answer these questions by seeking evidence in various directions and one of the most important of these has been a study of intrauterine development of shoulderblades. My investigations in this direction have been limited by the material at my disposal, which has been inadequate for a definite solution of this phase of the problem. I am, therefore, appealing to physicians for fetuses in any and all stages of human development.

It is desired that the material, as soon as possible after delivery, be immersed in 10 per cent formalin in a sealed container, and be forwarded to my address charges collect. Due acknowledgment will be made to those forwarding material.

727 Metropolitan Building.

Extracts from Home and Foreign Journals

Hydramnios With Rapid Progress Augmenting After Death of Fetus.

Balard (*Revue mensuelle de gynecologie, etc.*, 1919, xiv, 187) relates a case of this species which summed up is as follows: A woman of twenty-five who had suffered previously from puerperal endometritis and probably metritis became pregnant again with death of fetus in utero suggesting syphilis very strongly—ascitic fetus and overlarge placenta. The Wassermann test of the mother was found to be positive. Coincident with the death of the fetus the hydramnios which had been already present underwent an augmentation accompanied with an outbreak of fever. The amniotic fluid continued to accumulate after fetal death. The author is unable to find a parallel case in literature or to suggest an explanation of the phenomenon. The enlargement of the hydramnios increased the circumference of the abdomen 3 cm. in eighteen hours. The woman made a complete recovery and was discharged with the seroreaction still positive.—*Amer. Jour. of Obstatrics.*

Noma Following Grippe.

Portmann reports a unique case of this affection with an illustration. The patient, a man of forty-three, was convalescing from grippal bronchopnuemonia, and when about to receive his discharge complained of a soreness at the internal aspect of the right buccal commissure. The surrounding tissues were all sound, although the affected spot was seen to be gangrenous and was promptly excised. This act seems to have been in vain, for the entire wound surface soon became gangrenous in turn and the diseased surface began to increase. A second excision was now carried out with the same result as before—the exposed surface quickly sphacelated and the necrosis again extended. A third excision was now performed and a biopsy made. The author now saw the patient for the first time. Although the gangrenous odor so characteristic of noma is nowhere

mentioned, the condition as described otherwise seems typical of that lesion.

There was extensive loss of substance involving both the cutaneous and mucous surfaces of the cheek and the adjacent gum. The face was swollen, but in spite of his condition the patient could converse and swallow his food. He had been free from pain from the start and there had been but little fever. There was marked retromaxillary adenopathy. A fourth excision was performed with the thermocautery and deep igni punctures added along with sublimate applications, and the process was arrested. Superficial sloughs then separated or were detached. The author criticises his own diagnosis, for he states that noma is primarily a disease of childhood and of cachectic subjects, while this case occurred in an adult in good condition despite the grippe.

Noma is not necessarily an autonomous condition, however, and given the coincidence of a port of entry and certain kinds of bacteria a focus of necrosis could conceivably result. We know nothing of the bacteriology of noma, and the findings in this case were evidently inconclusive, for a mixture of streptococci, staphylcocci and pneumococci was present. There is no mention of cultural or inoculation experiments.—*Medical Record.*

Germs in Floor Cracks.

Of course no one questions the desirability of extreme measures to effect the utmost in sanitation in hospitals. In this respect, paint plays an important part in maintaining a sanitary condition of the walls and floors.

Particular attention is given to the floors, which are frequently varnished. However, there is an important point in the treatment of the floors which is often overlooked. An inspection of the floors in a great many hospitals discloses cracks between the boards in which all sorts of disease germs may lodge. It is impossible for the most competent and conscientious cleaners to keep dirt from accumulating in these cracks.

This condition can be remedied by using a standard crack filler. The dirt should be dug out of the floor cracks with suitable sharp instruments, filled with crack filler and then the entire floor painted

with a good floor paint or varnish. This treatment enables the cleaners easily to keep the floors scrupulously clean and free from disease germs.—*Charlotte Medical Journal.*

Prophylaxis of Influenza.

If we may judge the future by the past, there is likely to be a recurrence this fall and next winter of the influenza epidemic which resulted in the death of nearly half a million persons in this country a few months ago. In the event that this forecast proves true, what can physicians do to limit the spread of the disease and lessen its terrors?

Immunization with a reliable vaccine would seem to offer the best solution of the problem. Clinical reports on the use of preventive vaccine, as published in various medical journals in recent months, warrant this conclusion. Three instances are here cited:

In Cleveland, Ohio, last spring, 3,427 prophylactic injections of influenza vaccine were given to the employes of a large manufacturing plant. Of those who received one injection, 378 developed the disease; of those who had two injections, but thirty-seven were affected, while of those who received the full course of three injections, only three contracted influenza. Of the whole number attacked, seventeen died. Eleven of these had not been treated prophylactically, while the remaining six had but one injection.

In the *Kentucky Medical Journal* for May, 1919 (page 199), the editor says: "The reports from some three hundred thousand cases indicate that the vaccine (Rosenow) decreases influenza, almost entively prevents pneumonia, and in practically no case where it was used had death occurred."

In the *Canadian Medical Association Journal* for June, 1919, Maj. F. T. Cadham, C. A. M. C., reports his observations on the use of preventive vaccine in the influenza epidemic in Winnipeg. He says: "I believe the vaccine used as a prophylactic for the members of the Canadian Expeditionary Force of this district to have been of value. The incidence of pneumonia was less than one-half and the mortality rate less than one-fourth in the inoculated, as compared with the uninoculated, admitted to the special hospital under similar conditions."—*Charlotte Medical Journal.*

An Extreme Case of Self-Drugging.

A. R., a young man of thirty, consulted me a short while ago. My first glance at him made me think he was a drug-addict. However, his history changed this point of view. He gave a history of having drunk to excess a few days before, and a friend advised him to try veronal to allay the nervous symptoms following his debauch. He took gr. X, without any noticeable effect, and then proceeded to finish the box, taking gr. L, in all. The next day he felt a marked feeling of drowsiness and weakness, and could hardly go ahead with his act (he was a professional dancer). He also complained of a marked feeling of shakiness in the legs.

Physical examination on that day revealed dilated pupils reacting sluggishly to light, heart normal, pulse 80, regular, but of small volume and diminished tension. Very slight fine tremor of the fingers was present. Knee jerks were greatly exaggerated.

Treatment consisted of atropine gr. 1-60 hypodermically, and the following prescription:

Tincturæ Nucis Vomicæ..... 30.
Tincturæ Belladonnæ Foliorum..... 10.
Tincturæ Gentianæ Comp. q.s. *ad*..... 120.
M. et Sig. Teaspoonful in ¼ glass of water, t. i. d. a. c.

Recovery was uneventful.

I am reporting this case to show that while we have laws that partly protect the laity from potent drugs, these laws are very deficient in many respects. A person is able to do himself infinitely more harm with an enormous dose of veronal than with a physiological dose of morphine. Furthermore, veronal and other potent drugs of this type, while not necessarily belonging under the Harrison act, as they are supposedly not habit-forming, still are far too potent and too dangerous to be allowed upon the market for the promiscuous use of the laity (it being remarkable that the dose taken by my patient had not proven fatal). Our laws should not permit veronal, trional, luminal, sulfonal, or other drugs of this nature to be sold except upon a physician's prescription.—*Medical Review of Reviews.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

Eradication of Malaria.

Recently we had the pleasure of an interview with our one-time student and all-the-time friend, Dr. W. H. Kernachan, of Florence, Ala. The doctor was here in the interests of the forthcoming organization of an association for the eradication of malaria in the Southern States, and with the same characteristic enthusiasm and vigor that has marked every step in his professional life, he was busily promulgating the movement for the convention. Dr. Kernachan's experience in combating malaria, demonstrated by the success of a similar movement on a small scale in 1914, when by his efforts he succeeded in lessening the disease by at least 75 per cent, is an earnest of what he may be able to do in this nation-wide movement. The malaria infected region in a small section of Lauderdale County, Alabama, was almost cleared of the pestilence through the efforts of Dr. Kernachan and associates. Now the doctor, with the co-operation of Senator Underwood and others, proposes to have held a convention at Florence, Ala., in May, 1920, at which will be present from all over the United States men interested in this important movement, at which time the organization of an anti-malarial association will be organized for the purpose of eradicating the dread disease from the face of the earth. Yellow fever has, through similar movements, been removed beyond the possibility of a recurrence of the epidemic in the Southern States, and there can be no reason why organized and systematized efforts cannot be equally successful in a campaign against malaria. All

honor should be given Dr. Kernachan for conceiving the idea and developing the plan for the inauguration of this altruistic movement, and every aid should be given him in furthering the interests of the organization. If any one man can carry out the laudable plan, we have the confidence and belief that Dr. Kernachan, with his wide knowledge, his already great experience and his indefatigable energy, can carry the plan through.

Tennessee State Nurses' Association.

The fourteenth annual convention of the Tennessee State Nurses' Association convened at the Hotel Patten Chattanooga, October 7 and 8. The president, Miss Nina Wootten, of Nashville, presided. Except Knoxville, all districts had full number of delegates present, showing a state membership of 480. Mayor Chambliss turned the keys of the city over to the nurses and voiced in a more serious vein his appreciation of the profession.

Dr. Hayes, U. S. P. H. S., spoke on venereal disease control at the request of the Surgeon-General, and Miss Adamson, of the American Red Cross, Southern division, also spoke on the line of public health work. Chattanooga medical men appearing on the program were: Dr. H. L. Fancher, on the late epidemic; Dr. Shumacher, on "New Ideas on Tuberculus Infection." Miss Sara Sly, First Vice-President of the American Nurses' Association, made a splendid talk on organization.

Papers on subjects of interest to nurses were read by Misses Heath, of Memphis; Patten, of Knoxville, and Buchanan, of Nashville. A beautiful tribute to the nurses who made the supreme sacrifice was paid by Mrs. Nora Arthur, of Nashville, as she stood between two nurses in uniform, one carrying a wreath of white blossoms, the other the Stars and Stripes.

Among the social features arranged was a luncheon on Tuesday, and also a river trip, Dr. Cooper Holtzclaw being the host of the latter. Supper was served on the boat. Miss N. Plewes, Superintendent of Pine Breeze Sanitarium, was hostess on Wednesday at luncheon of the superintendents of hospitals and state officers. A round table was held at this time. An informal dance at the Patten closed the convention.

Officers elected were: President, Myrtle Archer, R. N., Memphis; First Vice-President, Mrs. Paul Wann, R. N., Chattanooga; Second Vice-President, Sarah Woodward, R. N., Memphis; Secretary, Mrs. D. T. Gould, R. N., Nashville; Treasurer, Edna R. Irby, R. N., Knoxville.

Memphis will entertain the next convention. Chattanooga spared nothing in making the convention a success.

Mr. Davison Decorated.

Henry P. Davison, chairman of the American Red Cross War Council, has been decorated with a Distinguished Service Cross by the War Department for his services to the members of the military during the world war. The presentation was made by Newton D. Baker, Secretary of War, who said that the highest praise could not overestimate the work of Mr. Davison and the organization which he represented.

A New Germ Foe of Man.

Bacterium tularense, name given to germ causing plague-like disease. An important discovery by investigators of the U. S. Public Health Service.

An investigation just completed by Surgeon Edward Frances, of the U. S. Public Health Service, adds another to the list of disease germs afflicting mankind. The germ which bears the name of *bacterium tularense*, was first isolated by Drs. McCoy and Chapin, of the U. S. Public Health Service, as the causative agent in a plague-like disease of rodents. It was not then known that the same germ also infects man.

Dr. Francis now finds that *bacterium tularense* is the cause of "deer-fly fever," a disease occuring among the rural population of Utah and initiated (according to popular belief) by a fly bite on some exposed surface of the body. The site of the bite and the neighboring lymph glands become tender and inflamed, and they commonly suppurate. A fever, like that in ordinary blood poisoning, develops and lasts for three to six weeks. The patient becomes very sick and is confined to bed. The first case known to have ended fatally was reported in 1919.

Thus far something like two dozen cases of this disease have occurred in Millard County, Utah, in each of the years 1917, 1918 and 1919. Whether the disease prevails elsewhere is not yet known, but the announcement of the Public Health Service is expected to direct the attention of physicians to cases of this kind.

Registered Cattle and Registered Babies.

Horses and cattle breeders owning "blooded" stock do not fail to have their animals "registered." It adds to their value and is therefore justly regarded as highly desirable.

Contrasting this attitude with that of many careless parents, the Public Health Service gives the following reasons why baby's birth should be registered.

1. To establish identity.
2. To prove nationality.
3. To prove legitimacy.
4. To show when the child has the right to enter school.
5. To show when the child has the right to seek employment under the child labor law.
6. To establish the right of inheritance to property.
7. To establish liability to military duty, as well as exemption therefrom.
8. To establish the right to vote.
9. To qualify to hold title to, and to buy or sell real estate.
10. To establish the right to hold public office.
11. To prove the age at which the marriage contract may be entered into.
12. To make possible statistical studies of health conditions.

A Western Cure.

There is a western legend of an Arizona bridegroom whose bride of a few months was missing When asked where she was, he explained with tears in his eyes that the poor woman had been thrown from her horse and he had been compelled to shoot her because her leg was broken, although "she was a fine girl and he loved her considerable."

Fortunately it does not take such drastic incidents as this to demonstrate the need of first-aid instruction, and this phase of Red Cross work is daily being brought to the attention of the people in this country with compelling force, demonstrating the absolute necessity of first-aid knowledge in the every-day conduct of life.

Accidents are unforeseen. The person versed in first-aid is a tower of strength at such moments, and his prompt action is frequently the means of saving life outright. The courses of instruction in First-Aid Hygiene, and Home Care of the Sick, offered to the high schools by the American Red Cross, means an opportunity for those upon whom the burdens of home nursing usually falls, to learn how to handle such cases with the least effort and maximum result.

This instruction is not in the form of haphazard lectures, but is carefully planned and as systematically taught as any other part of the curriculum. It forms an unique and opportune supplement to the high school courses in physiology and anatomy, and taken with these subjects will be all the more vivid to the young students.

Accidents will happen in industry and at home. Few of us escape, whether by actual experience or indirect association. Instruction is the sanest method of meeting such emergencies, and the general needs of the injured should be part of the common education of each individual.

"Accidents Will Happen."

The progress of an American Red Cross relief train was recently somewhat impeded while passing through the Balkan States by frequent collisions with cattle, which appeared to be wandering aimlessly about near the railroad track. After being awakened several times during one night, the official in charge of the relief train started out on a tour of investigation, bent upon discovering if all the cows in Roumania were sleeping on the track.

Upon emerging from the train he found the carcass of a young bull lying by the track with tether ropes attached to his fore and hind legs and a peasant and the station master preparing to skin him.

The Red Cross worker called his Roumanian interpreter and demanded an explanation of the strange proceedings. He learned that the Roumanian government had passed an edict forbidding the

slaughter of live stock for one year. Since there was nothing in the ukase regarding accidental slaughter, these "accidents" were common occurrences in the country.

Cause Enough.

He was very black, and in his khaki he looked like coffee and chocolate ice ceram. After eating a hearty meal in the American Red Cross canteen, he sat down with a book near the counter. The kind-hearted directress looked once or twice in his direction and was surprised to see big tears rolling down his cheeks.

"Why, now, this will never do," she said, kindly. "Is there anything I can do to help you?"

He dug his knuckles into his eyes and replied:

"I sholy am ashamed to make a baby outen myself, ma'am. This yer book done make me so homesick."

She picked up the book he had been reading. It was the canteen cook book, and it was opened at the section on "How to Fry Chicken." —*Saturday Evening Post.*

Bismuth Paste in War Surgery.

Emil G. Beck (*Minnesota Medicine*, May, 1919) refers to the following errors in technic in the bismuth paste treatment of chronic suppurations, sinuses, abscesses, crushing wounds, etc.: 1. The method is often applied indiscriminately, without control by radiograms. 2. The mixture, when injected, is not sufficiently liquefied to fill all the sinuses and suppurating cavities. 3. The bismuth is applied in cases in which either a sequestrum or infected foreign body is at the bottom of the trouble. 4. The injections are often kept up after the wound is sterilized and thus no chance is given for healing. 5. The instruments used are often improvised and unsuitable. 6. The bismuth mixture is very often spoiled by the accidental mixture of a few drops of water. (Syringes should be perfectly dry when used.)—*International Jour. of Surgery.*

Obituary

The medical profession of this city and state has sustained a great loss in the death of Dr. M. C. McGannon, who died suddenly at his home in this city, October 9, presumably of heart disease.

Dr. McGannon was born in Canada, where he received his collegiate and medical education, whence he moved to New York City. In 1895 he was called to this city to fill the chair of gynecology in the medical department of the University of Nashville. In 1903 he established an infirmary, which became in that year the Woman's Hospital. In 1912 he accepted the professorship of surgery in the medical department of Vanderbilt University, which position he was filling at the time of his death. By virtue of this position he was consulting surgeon to Vanderbilt Hospital and to the City Hospital. Only recently he was appointed by Governor Roberts Surgeon-General of the State of Tennessee, with the rank of Brigadier-General.

His professional career from the time he came to Nashvillye was phenomenal. His skill as an operator was generally recognized and his diagnostic acumen and judgment was profound. He was admired and popular in the circles in which he moved and made friends with every one he met. His death is widely deplored by his legion of friends. Dr. McGannon's life was one of service to his community and an honor to his profession.

Reviews and Book Notices

"What We Know About Cancer." A handbook for the medical profession. Prepared by a committee of the American Society for the Control of Cancer. American Medical Associated Press, Chicago. 1918.

The American Society for the Control of Cancer has been in existence and working effectively for a number of years. The sole object of the society, at present at least, is the "dissemination of facts in regard to cancer to the end that its mortality may be reduced by a wider knowledge of the disease."

The effort represented by the present pamphlet has perhaps the most far-reaching possibilities for good of any single attempt to lessen cancer mortality undertaken in this country.

It is no longer necessary to argue the point that delay is the one great factor in cancer mortality. At least four-fifths of cancer deaths could be prevented by early recognition. The conditions necessary for recognition of cancer in ample time for cure are not ideal, but distinctly practicable. Public education is one important pathway of improvement, but education of the medical profession itself is of equal if not greater importance. Statistical studies have shown that in the majority of cases the doctor has had the cancer patient "under observation" over a year before efficient curative treatment is instituted. It is needless to state that during this year the majority of cases have changed from curable to incurable. As the pamphlet itself somewhat mildly puts it, "The conditions call for a far keener appreciation of responsibility for the mortality from cancer than now generally exists in the medical profession."

It is not possible here to abstract this pamphlet, which is already so condensed. The general facts concerning cancer are outlined and then each important type and site of cancer is taken up in detail and the forms, symptoms, standard treatment and results to be expected are outlined for each type.

The chief point we would make here is that if every medical man would study and seriously apply the teaching in this pamphlet, which he can read in an hour, the question of delay in cancer would be solved in so far as it is referable to the medical profession. The ultimate possible good obtainable from the widespread dissemination

of this pamphlet is so great that we would urge every possible means to get it into the hands of as many medical men of all classes as possible. It can be had from the American Medical Association, 535 North Dearborn Street, Chicago, for 10 cents. If you are a trained surgeon, get it. It will interest you. If you are further afield, get it and study and apply it. If you feel misgivings that some of your cases in the past might have been saved had you been more sure and acted more promptly (and who of us does not have such misgivings?) get it. It will help you in future cases.

We would especially beg the assistance of Boards of Health, both state and municipal, and of medical societies, in distributing the pamphlet. It can be bought cheaper in quantities and sent out with your other mail matter with almost no exra cost or trouble. When such a simple means for such far-reaching good is in our hands it is a pity to let it lie neglected.

Intraperitoneal Rupture of the Bladder During the Puerperium.

Ten cases of rupture of the bladder in women have been reported, and these are said by W. Kohlmann (*N. O. Medical and Surgical Journal*, 1919, lxxii, 47) to have been mostly caused by complication with retroflexion of the uterus. The two cases which he reports occurred in women recently delivered, one normally, the other by Cesarean section In the first case the hospital chart showed no systematic attention to urinary function. The patient complained of abdominal pain on the third, fourth and fifth days after labor. The distended abdomen was then palpated and rupture of the bladder occurred. The second case was a Cesarean section for eclampsia. This was followed by abdominal pain and distention, but nothing to suggest the time of rupture. Infection of the abdominal wound, offensive vaginal discharge and drainage of profuse straw-colored fluid through a tube introduced into the peritoneal cavity were followed by death. The important point which these cases would seem to impress is the absolute necessity for careful and systematic observation of the urinary function in the puerperium as well as in post-operative cases and those of serious illness.—*Am. Journal of Obstetrics.*

Publisher's Department

A Tonic That May Be Relied Upon.

There is no remedy prepared today for the use of physicians that represents more faithful, painstaking care in respect to the quality of its ingredients and their compounding than does Gray's Glycerine Tonic Comp. It is on the good faith which its manufacturers have kept with the medical profession durng the past thirty years that the friendship and patronage of thoughtful medical men is looked for. Surely any remedy that physicians can put their trust in as they can in Gray's—in the vital details of quality, uniformity and therapeutic efficiency—deserves their consideration and support far more than one that is of indifferent quality, constantly varying in character, and never certain in its effects.

Gray's Glycerine Tonic is a remedy that earnest result-seeking medical men can use with absolute confidence in its tonic, restorative properties.

Every day the busy practitioner is meeting many cases in the treatment of which Gray's will prove of the greatest help. Through its use, he will be able to overcome weakness and debility, and restore health and vitality.

Owing to its palatability and agreeable character, Gray's Tonic Comp. can be used without the least trouble in the treatment of children and those who ordinarily object to taking medicine.

As a matter of fact, whenever a thoroughly dependable tonic is needed, one that has no contraindication of age or season, Gray's Glycerine Tonic Comp. may be employed with every assurance that it will accomplish the results desired and expected. It will not disappoint.

"I have used Tongaline constantly since I began to practice medicine and it has proved one of the most reliable remedies with which I have had any experience. At this place, where rheumatics and syphilitics come yearly, I prescribe Tongaline every day, because it combines so perfectly with most any drug, and it is especially useful as a vehicle for potasisum iodide, rendering the stomach more tolerant and furnishing a valuable adjuvant to the effects of iodide."

Pepsin is undoubtedly one of the most valuable digestive agents of our materia medica, provided a good article is used. "Robinson's Lime Juice and Pepsin" (see page — this number) we can recommend as possessing merit of high order.

The fact that the manufacturers of this palatable preparation use the purest and best Pepsin, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from Pensin.

The Control of Certain Symptoms.

In the control of nervous symptoms, as manifested by extreme irritability, instability or sleeplessness, many hundreds of careful clinicians have found Pasadyne (Daniel) to be of the most service. It not only is of high potency as a sedative and soporific, but also is free from depressing after-effects, a feature that gives it an advantage over other sedatives of equal therapeutic power. For women and children, Pasadyne is of exceptional worth. Since no

habit follows its continued use, Pasadyne (Daniel) is extremely safe in those cases which must be treated over long periods of time.

A condition in which Pasadyne has shown a distinct value is the occasional severe hysterical crisis which the practitioner must meet with a sedative of power and yet one which is safe. In this state Pasadyne tranquilizes the patient, controls the crisis and secures restful sleep.

Whenever a sedative is indicated, Pasadyne may be used, and the physician feels sure of the results. Pasadyne (Daniel) is simply a concentrated tincture of passioflora incarnata.

Reunion of the Tip of the Nose.

Remarkable reports have been published from time to time of reunion of severed fingers, but few cases appear to have been recorded of reunion of a severed nose. Mr. J. O. Skevington, F.R.C.S., has reported a case in the *British Medical Journal*, which has also attracted attention in the lay press. A man was admitted to King Edward VII Hospital, Windsor. While he was grooming a restive horse, a skylight fell and, breaking off, cut off the end of his nose. In addition to the tip, the part missing included about one-third of the left ala and two-thirds of the right ala, besides the lower part of the septum and a small portion of the upper lip. A messenger sent to the stable succeeded in finding the missing part, and about an hour after the accident it was sutured into place. Under a dressing saturated with physiologic sodium chlorid solution, primary union took place, and the resulting effect is very good.—*Jour. A. M. A.*

Remarkable Faith Cure.

The *Rangoon Times* publishes a story of a remarkable faith cure in a Delta village. A southern Indian had a dream in which he saw four Burmans who had been to worship at the local pagoda and bathe in the adjoining tank and drink the water. The next day he told his dream to the villagers and carried out the instructions, and is said to have been cured of a skin disease similar to leprosy.

A deaf woman and a blind man who did the same have been cured, it is reported, and the fame of the pagoda and tank has spread through the district. Thousands of people are flocking there. The place will apparently become a pilgrimage center, similar to Lourdes.—*Practical Med.*

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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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Selected Articles

Early Signs of Ageing.

I. L. NASCHER, M.D.

Before we can discuss the signs and symptoms of a disease we should know what the disease is, *i. e.*, in what way the diseased organ or tissue differs from the normal, healthy organ or tissue. So, too, before we discuss the signs of ageing we should have a fair conception of what ageing is. The popular conception of age is based upon the objective signs; the appearance. The individual's conception of age is based upon the subjective symptoms, the feelings. The medical conception of age is based upon the state of the organs and tissues. Ageing is a normal progressive departure from the state in which the organs and tissues were when they had reached their most perfect development. According to this definition different organs and tissues are at different periods of life, and the term is usually applied to the state of the body when the objective and subjective manifestations of the departure from the most perfect state are recognized by the layman. But the degenerative changes, as this departure from the most perfect state is called, may be recognized many years before they give objective or subjective signs and symptoms. On the other hand, many of the signs and symptoms of ageing may be found in pathological conditions. In ageing the degenerative process is normal and progressive; it may be retarded but it

cannot be halted, and the incidental waste, if repaired at all, is repaired by the same kind of degenerated tissue or by tissue in a further state of degeneration or by a lower order of tissues. The degeneration occurring in the course of a pathological process may be progressive, intermittent or halted and the incidental waste may be repaired by normal tissue.

There are few signs of ageing which may not occur in the course of disease in earlier life. Ageing itself may occur early in life, one case being recorded in which a man died at the age of 28 giving all the subjective and objective manifestations of old age, and his organs showed the same degenerative changes that are found in the organs of a person dying of old age. Of the many symptoms and signs of ageing I know of but one which is pathognomonic, which does not occur in disease, which is always present in old age and is a reliable index of the extent of the degenerative processes in the body. This is the hardening of the xyphoid cartilage. A homely use of this knowledge is made by the housewise, who determines if fowl is young or old by the hardness of the breast bone. If the breast bone is soft and cartilaginous the fowl is young: a hard breast bone means an old fowl. The xyphoid appendix hardens from above downward, the ossification of the upper end beginning during youth. Normally this ossification proceeds very slowly, reaching the tip during the eighth or ninth decade. The earlier the senile degenerative process begins the earlier the xyphoid appendix begins to harden, and usually when this cartilaginous structure begins to harden early it hardens rapidly.

The hardness of the xyphoid can be tested by grasping the lower end between the fingers and bending it forward and backward. The apex can usually be pressed back by the pressure of the finger against it, but an erroneous conclusion may be drawn, as a long, thin xyphoid will be resilient even if almost completely ossified.

Another early sign of ageing is the presence of pin-head petechiae or angiomata on the skin, generally on the chest and abdomen, sometimes on the back, less frequently on the extremities. These petechiae or angiomata consist of minute telangiectases and ruptured capillaries, are bright or dark red, usually slightly elevated and do not disappear under pressure. They occur where there is a generalized arteriosclerosis and usually appear in the sixth or

seventh decade, although they are sometimes found as early as the fourth decade of life.

Other signs and symptoms of arterial and venous degeneration such as tortuous and hardened vessels, venosity, varicose veins, high blood pressure, and the secondary results, cerebral, renal, etc., usually follow, rarely precede the appearance of the petechiae.

Diminished stature occurs in the process of ageing, sometimes early and sometimes in advanced age. The causes for the diminution in stature in old age are increased curvatures of the spine, flattening of the pelvis through the downward pressure of the weight of the body exerted through the spinal column upon the sacrum, and the ossa innominata, and the depression of the heads of the femurs. In addition there are often fallen arches of the feet, knees bent to maintain equilibrium, and the head sunken and fallen forward through weakening of the ligamentum nuchae. Diminished stature is usually perceptible to the layman in the seventh decade of life, but in persons who carry heavy weights on their heads or shoulders the diminution in stature may be perceptible in the fifth decade. Accurate measurements will demonstrate a diminution in stature soon after the fiftieth year in persons who do a fair amount of walking, while in those who walk but little may be no appreciable change until near the sixtieth year. When, however, the signs of ageing appear very early this diminution will begin very early.

Measurements should be taken immediately upon arising in the morning, never at night, after the individual has been up and about for many hours.

Diminished respiratory capacity has been demonstrated about the end of the fourth decade, but this requires extensive laboratory facilities and is not ordinarily practicable. This diminution in respiratory capacity is progressive, but it is not noticed until the end of the sixth decade, or somewhat earlier in stout persons, when it gives rise to dyspnea upon exertion. By this time there are usually other signs of ageing which may occur in other conditions, we must eliminate all other causes before ascribing it to the senile processes.

The increase of adipose tissue on the abdomen is usually an early sign of ageing. In women this is often accompanied by a deposit of fat on the breasts and buttocks and a waste of fat in the neck and

face. After the respiratory capacity begins to diminish the amount of exertion that would formerly cause physical fatigue now causes dsypnea and palpitation, and compels cessation from the work that induces them. The individual therefore lessens his labors, there is diminished energy and physical activity, and consequently less waste. But the individual usually does not diminish the amount of food he consumes and the fat ingesta is not entirely used up. The fat in excess is retained and stored in situations where there is little physical activity, as in the abdominal wall, and in women, the breasts and buttocks. In parts subjected to much activity, as in the face and neck, in the arms of persons who do much manual labor, and in the legs of those who walk much or otherwise exercise the muscles of the legs and buttocks, the fat wastes and later the muscles themselves waste and the waste is not repaired. I believe this is the correct explanation for the deposit of fat in the abdominal walls. With advancing age a distaste for fat is developed, the amount of bile diminished, less fat is absorbed, fat waste is not repaired and in old age the abdominal fat is used up.

An instructive comparison might be made between the faces of the aged peasant, the aged speaker and the aged thinker. In the dull expressionless face of the peasant the wasted facial muscles of expressions are flabby and soft, due to the deposit of fat in and around the muscles; but the masseters, though wasted, are firm and have clearly defined edges. In the speaker the facial muscles of expression are firm with clearly defined edges, but there is no fat deposit. The face is therefore thin and apparently wasted. This is especially noticeable in the actor whose thin, expressive face often proclaims his vocation. In the thinker who in concentrated thought wrinkles his forehead there are deep permanent wrinkles on the forehead, a fat deposit in the eyebrows and a hype trichosis which makes the eyebrows prominent, making the eyes apparently retracted or deep set. Doing little physical work there is little waste, little food is required to repair the waste and the masseters and other muscles of mastication are little used as compared with the muscles of mastication of the peasant who does much physical work.

The special senses degenerate in the process of ageing, but it is seldom possible to determine if the weakening of the senses is due

to the normal senile degeneration of normal healthy tissue, or if there have been preceding pathological conditions which favored and hastened the degeneration.

Partial or complete anosmia, for example, can be found in almost every senile case, but as this sense is rarely tested we rarely know when the departure began. There is no standard for the sense of smell as there is for the sense of sight and of hearing; different individuals have normally different degrees of smelling capacity, and some can detect certain odors and are insensible to other stronger ones, and only those who require the sense of smell in their vocations can determine when the impairment of this sense begins. In many persons the sense of smell is impaired early through a pathological condition of the Schneiderian membrane caused by picking the nose, frequent catarrhs, the irritation produced by snuff, irritating vapors and dust, etc. The existence of anosmia is usually detected by accident, the individual himself being unaware of any impairment in this sense.

The sense of taste, like the sense of smell, is often impaired without the cognizance of the individual. Owing to this impairment old persons want food having a sharp, spicy, acid, salty, sweet or other strong taste. There is no standard by which we can gauge the sense of taste, and this sense can be altered or blunted by local conditions as after smoking, after taking quinine, aloes, or other substances having a persistent taste; by general conditions as shock, nervousness, fear or other emotion; by suggestion. This sense differs moreover in different individuals, and it is difficult to determine when it becomes impaired through the senile degeneration of the taste bulbs. The impairment is, however, never so great as the impairment of the sense of smell, as the latter may be complete without the knowledge of the individual and complete angustia, or loss of taste, never occurs in the normal senile dege[illegible] The sense of taste is generally blunted in smokers, in heavy drinkers, and in the morning before the mouth is rinsed.

Those who employ the sense of taste in their vocations and who must avoid anything which might, even temporarily, impair it, say their sense of taste remains normally acute till advanced old age, but they find that in the sixth or seventh decade they crave sharper

tasting food, and this indicates an impairment of this sense. Ordinarily the desire for more seasoning, spiced sauces and shap tasting food begins in the fifth or the beginning of the sixth decade. It is, however, a sign of local and not a general senile degeneration.

Presbyobia and presbyacusia, impairment of sight and hearing due to senile degeneration may occur early or late, incidental factors playing the determining part in the time of their occurrence. Presbyacusia is seldom noticed until well advanced, and is ordinarily discovered in the seventh or eighth decade of life. Presbyobia is usually discovered early, as sight impairment, if neglected, causes distress and makes ordinary work, reading, sewing or other occupation difficult. Occasionally presbyopia is the earliest sign of ageing that is noticed by the individual himself.

It is not possible to determine when the sense of feeling begins to deteriorate. This special sense is modified by so many mental and physical conditions, by the attention, by apprehension, the location, thickness and texture of the skin, etc., that no standard of normality can be fixed from which a departure can be determined.

Mental impairment is often the earliest signs of ageing noticed by the individual. In most cases the individual finds it difficult to recall names, dates and figures. An observant book reviewer found it took him longer to read a book than formerly, and he reasoned that his mind was not as alert, that it took longer to gain and retain a mental picture of the matter he was reading, and that this was the beginning of mental impairment due to age. This occurred when he was 49 years old. A writer found that at the age of 52 ideas did not form themselves as readily as before, and the words to express his ideas did not come to him instantly as they did in earlier life. Another writer found that after writing for an hour or two brain fag set in and he was obliged to stop, although a few years before he could write daily for eight hours with but a few minutes' interruption for lunch. Among literary men this lessened capacity for work is usually the first indication of age. It is not the character of the work, for this may improve with advancing age, but the amount that can be done before brain fag sets in, that determines the onset of mental impairment. Other early mental signs of ageing are inability to maintain attention, the tendency to sleep during a lecture or enter-

tainment, momentary brain fag evidenced by an intellectual blank for a second or two, not accompanied by vertigo or the tendency to fall, absent mindedness, lapsus linguae, etc. Loss of virility is in some cases the earliest subjective sign of ageing, though this may be due to other causes. Canities and baldness may occur in early life without any apparent cause. The arcus senilis may be present in youth, the writer having a well marked arcus senilis, which was shown to the class during his medical school days. Wrinkles, sallowness, tawny skin, falling out of the teeth may all occur in earlier life. High blood pressure is generally due to age, arteriosclerosis or to kidney disease, but it may occur in other conditions, and we must eliminate all other causes before ascribing it to age. Arteriosclerosis itself may be due to other causes than age. It is generally present in hypertrophy of the heart, its relation to this condition being generally causative or resultant, seldom independent. Arteriosclerosis of the retina is an early sign of ageing, and forebodes an early general arteriosclerosis with rapid senile degenerations.—*Medical Review of Reviews.*

Alcohol Injections for Pruritus Ani.

Having observed the lasting benefit following injections of alcohol in persistent neuralgic conditions, Harvey B. Stone has given alcohol a careful trial for pruritus ani. Alcohol, 70 per cent, is injected with an ordinary hypodermic syringe, well through the skin into the area to be treated, being deposited directly under the skin, until the entire affected area has been infiltrated. The needle is never plunged in deeply, on account of the danger of causing paralysis of the motor nerve and loss of sphincter control.

The injection causes intense pain for one or two minutes only before sensation is lost, but this may be prevented by a light general anesthetic or by preceding the alcohol injection with that of some local anesthetic. No subsequent treatment is required.—*Practical Medicine.*

Extracts from Home and Foreign Journals

Hernia of the Ovary Into the Vagina Through a Colpotomy Wound.

Rouffart reports the following case (*Revue mensuelle de gynecologie et d'obstetrique*, 1919, xiv, 213): Age forty-six years, three children, the oldest twenty-four, youngest nineteen. Until a few months ago had no history of disease except migraine. The labors had all been difficult and each had been complicated, the last with inversion of the uterus. A retrodeviation remained requiring the use of a pessary. Her actual trouble was a gonorrhea recently contracted from her husband. Before that period she had never had a leukorrhea. She was admitted for a gonorrheal parametritis and in the hospital the Douglas was opened, the operation having been repeated in eight days because of fever. This second intervention was successful and she left the hospital with a purulent vaginal discharge which would not yield to treatment. Several months later she returned with a tumor in the vagina the size of a pigeon's egg. Judged by the speculum and touch examinations it might have been a sarcoma. The uterus was small and contained a few fibroids. The tubes showed a slight uniform induration, but otherwise were normal. The body in the vagina was evidently a prolapsed ovary, its fellow being microcystic. After an incision high up in the vagina laparotomy was performed and the ovaries removed. The herniated ovary was seen to have been in part strangulated in the cicatrix left in the site of the colpotomy wound. The uterus and adnexa were also extirpated.—*American Journal of Obstetrics.*

Potassium Sulphide for Sore Feet.

For soreness of feet caused by excessive perspiration, a 1 in 500 aqueous solution of potassium sulphide is efficacious, says the *Pharmaceutical Journal*, quoting an article in a French medical journal. The solution is applied daily as a footbath during fifteen to twenty minutes. Persistent sores of long standing have been healed in a few

days by the use of this solution, which is simple, cheap, readily made and easily applied.—*Medical Brief.*

Hyperthyroidism as Responsible for Sterility.

Blondel comments on the prevalence during the war of the emotional factors known to co-operate in the production of exophthalmic goiter, and remarks that he has not been surprised to find hyperthyroidism much more prevalent now than in former years, especially in women. Any one of the main symptoms, the exophthalmos, the tachycardia, tremor or goiter, may alone reveal the excessive functioning of the thyroid, and explain any one of numerous trophic and other changes. Chief among these he has noticed a decrease in the size of the uterus. This atrophy of the uterus is possibly the explanation of sterility in certain cases, and as such the causal hyperthyroidism should be combatted. There are several ways of doing this, raying the thyroid, injecting serum from thyroidectomized animals, thymus treatment, and other means.

He prefers thymus treatment, and has been using it for years as the routine treatment in exophthalmic goiter. He gives half of a raw thymus from a lamb, chopped and mixed with a little flour, salt and butter to make small balls that are mixed with soup as it is eaten. Subcutaneous injection of the extract is more active, but less convenient for the patient. Thymus treatment is logical, he reiterates, on account of the antagonism between the thymus and thyroid, and years of experience have proved the soundness of these premises. He warns, in conclusion, that we must be wary in giving iodin in cases of amenorrhea or we may whip up an incipient exophthalmic goiter. The thymus treatment in these cases of sterility might be supplemented by massage of the uterus and dilatation with laminaria for three or four days, each month or two months. The pathologic condition does not seem to be able to right itself spontaneously, but with this treatment perseveringly carried out good results were obtained in the majority of his cases.—*Journal A. M. A.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M.D., 218 Capitol Boulevard, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

The Four Million Dollar Gift to Vanderbilt.

Since the organization of the Medical Department of the University of Nashville in 1851 and the successful conduct of that medical school through so many years. Nashville has been the center of medical education of the South. The remarkably successful history of that school. with its galaxy of celebrated teachers. is too well known to need further comment. As the life of that school approached its end. the Medical Department of Vanderbilt University was born and the career of this school, with its faculty of distinguished teachers. reflected additional honor upon the history of medical teaching in this city. Now. owing to the recent magnificent gift of $1.000.000 by the General Education Board. to the Medical Department of Vanderbilt University. the possibilities of this institution are almost inconceivable in their magnitude. It makes possible the reorganization of its faculty; it makes possible the selection of the very best teachers in the country: it makes possible the completion of the half finished Galloway Hospital: it makes possible placing Nashville as a center for medical education equal to the very best institutions in the country. Nashville is to be warmly congratulated upon having obtained this gift. and its citizens will take universal pride in the glory and well being of the Medical Department of Vanderbilt University. Owing to this stupendous gift here will be the head and front of the study of medicine: here will be the scientists. the searchers. the explorers in the field of experimental medicine: here will be developed scientific discoveries that will redound

to the benefit of the human race, all of which will assuredly make of Nashville a world capital in such endeavor. Our very best wishes and warmest congratulations to the Medical Department of Vanderbilt University and our earnest hope and belief that this institution will be all that the public expects of it and that it will be the school, not only of the South, but of the entire United States.

Russian Dishes Please Americans.

"'Sgood! I like it."

Then after the second taste of the delectable Russian dish, the American usually pauses speculatively.

"There's cheese in it!" he announces with conviction.

"Beet-kee," as this popular Russian dish is called, is a clever method of the Ukrainians use for dressing up hamburg steak. The steak is in balls of ordinary size, and Americans with the Kuban Red Cross Commission discovered that the unique flavor was obtained by inserting a heaping teaspoonful of grated cheese in the center of the ball. The meat is squeezed into place and cooked slowly and the result is so delicious that it is said a hungry man is guaranteed to propose to the cook after the third serving.

Typhus Threatens U. S.

Unless the spread of the disease in Poland can be checked, there is a risk that a very serious epidemic of typhus will visit that country this winter, according to the report of the medical commission which the League of Red Cross Societies sent there this fall to investigate conditions. Great effort, therefore, is needed, not only to save the inhabitants of Poland itself, but also in the interest of Western Europe and America, for it is within the bounds of possibility that a general epidemic may spread westward.

In Kalisz, Poland, alone from January 1 to July 27, of the present year, there were 124,000 typhus cases; and even during the summer and early fall the epidemic continued. The most urgent present needs, the commission found, are large quantities of soap, underclothing, blankets, hospital equipment and utensils, and drugs, espe-

cially salvarsan—for use in relapsing fever—castor oil, iodides, salol, quinine and opium. Many of the hospitals are wholly without bed sheeting or blankets, and at present there is an average of only one physician to every 10,000 inhabitants.

The American Red Cross, with an appropriation of $2,000,000 as a starter and a commission of over one hundred persons already at work, the work of bringing relief to the destitute people of Poland, and of fighting the epidemics which it started last spring.

American Manufacturers Desire the Metric System.

San Francisco.—It is the opinion of the manufacturers of the State of Washington that metric units of measurement should be used in the United States. A referendum vote just conducted by the Manufacturers' Association of Seattle showed a 2-to-1 majority in favor of meterliter-gram, the metric standards.

Following is a copy of the resolution sent by them to President Wilson: "In order that you may have knowledge of the interest taken by the manufacturers of Washington and sentiment with reference to changes which should be made in our system of weights and measures, we advise you at this time that the result of a referendum taken among the manufacturers of this state shows that they are 2 to 1 in favor of the adoption of the meter-liter-gram or metric system.

"We believe that this system will eventually become the standard the world over and hope that you will use your good offices to establish it at the earliest possible time in the United States.—Manufacturers' Association of Washington."

This resolution is typical of those which are being received daily at Washington, D. C., from engineers, manufacturers and men of every profession all over the United States.

The Tragedy of an Unclean Handkerchief.

John was one of the best workers at the steel factory. Day after day he stood at his work strong, able, and cheery. Then one morning a bit of steel refuse got in his eye. It was a tiny scrap, no bigger and no more dangerous than a cinder. The man who worked next

to him pulled out his handkerchief—none too clean—and took the particle out. In a few moments John was back at his job as cheery as ever, and soon both had forgotten the incident.

But after a few days John's eye began to feel sore. He tried one simple remedy after another without result, and finally went to the doctor. It was too late—his eye was hopelessly infected. The doctor used every means in his power to save the sight, but the infection spread to the other eye, and after weeks of suffering John was pronounced blind.

Fifteen thousand persons are blind in the United States today as the result of simple accidents in industrial occupations. Had the man next to John been trained in First Aid, John, today would be standing at his job whistling cheerily as before.

The Red Cross is endeavoring to make training in First Aid universal. To this end the organization on request will place in industrial plants everywhere field representatives trained in First Aid to the Injured and Accident Prevention for the purpose of training all employees in First Aid methods.

Eye, Ear and Throat Men Elect Officers.

The following officers were elected at the twenty-fourth annual meeting of the American Academy of Ophthalmology and Oto-Laryngology, held recently in Cleveland: President, Dr. Lee M. Francis, Buffalo; Vice-President, Dr. Hal Foster, Kansas City, Mo.; Secretary, Dr. Luther C. Peter, Philadelphia; Treasurer, Dr. Secord H. Large, Cleveland; Chief of Directors, Dr. Clarence Loeb, Chicago. Kansas City was chosen for the twenty-fifth annual meeting to be held October 14-16, 1920.

Mississippi Valley Medical Association Elect Officers.

At the annual meeting of said association, held in Louisville, October 21 to 23, the following officers were elected: President, Dr. Frank B. Wynn, Indianapolis; Vice-Presidents, Drs. Chauncey W. Dowden, Louisville, and Frank Smithies, Chicago; Secretary, Dr.

Henry Enos Tuley, Louisville (re-elected); and Treasurer, Dr. Samuel C. Stanton, Chicago (re-elected). Chicago was chosen as the 1920 meeting place.

The Samuel D. Gross Prize of Fifteen Hundred Dollars.

Essays will be received in competition for the prize until January 1, 1920. The conditions are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens." Full information may be had by addressing the Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 S. 22d St., Philadelphia.

Treatment of Malignant Disease by Combined Methods.

George E. Pfahler (*Pennsylvania Medical Journal*, February, 1919) urges the importance of combined use of the x-ray or of radium and operative procedures for the following reasons: 1. All superficial epitheliomata will be cured. 2. Practically all early epithelioma of the lower lip will get well. 3. Most of the epitheliomata within the mouth, if treated early, may be expected to get well. If treated late, the results will be proportionate to the delay in instituting thorough combined treatment. 4. Carcinomata involving the breast should show twice as many recoveries as may now be expected from any single method of treatment. 5. Carcinoma of the uterus should give doubly good results as compared with any single method of treatment. 6. If the precancerous lesions, such as warts, moles, slowly healing ulcers, fissures and benign tumors are eliminated early, the number of cases of carcinoma needing treatment will be tremendously reduced. —*International Journal of Surgery.*

Reviews and Book Notices

Department of Commerce, Bureau of the Census; Sam L. Rogers, Director. Mortality Statistics, 1917. Eighteenth Annual Report. Washington, Government Printing Office.

We acknowledge with thanks to the department the receipt of this exceedingly valuable report on Mortality Statistics. In its completeness and accuracy it represents an amount of industry and thoroughness almost inconceivable. For reference on the part of sanitarians and health offices it is of the greatest value. We notice that in this compilation Tennessee has been for the first time added to the death registration area. The Territory of Hawaii has also been included.

Vol. XXII, No. 3. Whole Number 83. Progressive Medicine. A quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, M.D., instructor in Therapeutics, Jefferson Medical College, Philadelphia. September 1, 1919. Owners and publishers, Lea & Febiger, Philadelphia, New York. Six dollars per annum.

Our thanks are due the publishers for this exceedingly interesting and instructive number of the well-known quarterly. As with former numbers, it presents to the medical profession everything that is progressive and new in the realms of medicine and surgery. The contents of this number with names of contributors are as follows:

"Diseases of the Thorax and Its Viscera, Including the Heart, Lungs and Blood Vessels," by William Ewart, M.D., F. R. C. P.

"Dermatology and Syphilis," by William S. Gottheil, M.D.

"Obstetrics," by Edward P. Davis, M.D.

"Diseases of the Nervous System," by William G. Spiller, M.D.

Index.

No serial work in the entire field of current literature will compare with this quarterly, and the physician who fails to avail himself of the opportunity offered by it by subscribing to it, falls behind his fellow physicians in keeping in the van of progression.

Publisher's Department

Insurance statistics show an increased mortality of 40 per cent above the normal death rate for the five years following an influenza epidemic. Chronic invalidism is a frequent sequel of this disease.

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